

52 0501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0501

BIRTH NO. 52-01010

1. NAME OF DECEASED
(Type or Print)

David Frank Noke meyer

2. DATE
OF
DEATH

1-16-52 2:57 p.m.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
a. STATE b. COUNTY before admission)

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

c. CITY OR TOWN

Baltimore - Zone 4

d. STREET ADDRESS (If rural, give location)

622 Debaugh Avenue

c. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1-14-52

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2 5 12

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Otto Christian Noke meyer

14. MOTHER'S MAIDEN NAME

Dorothy Watson Summers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mother 622 Debaugh Avenue #4

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital Atelec-
tasis of the Lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Premature (33wks gestation)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 1-14, 1952, to 1-16, 1952, that I last saw the
deceased alive on 1-16, 1952, and that death occurred at 2:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

A. P. Vicente

M. D.

Maryland Gen. Hosp.

1-17-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

1/18/52

24c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24d. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

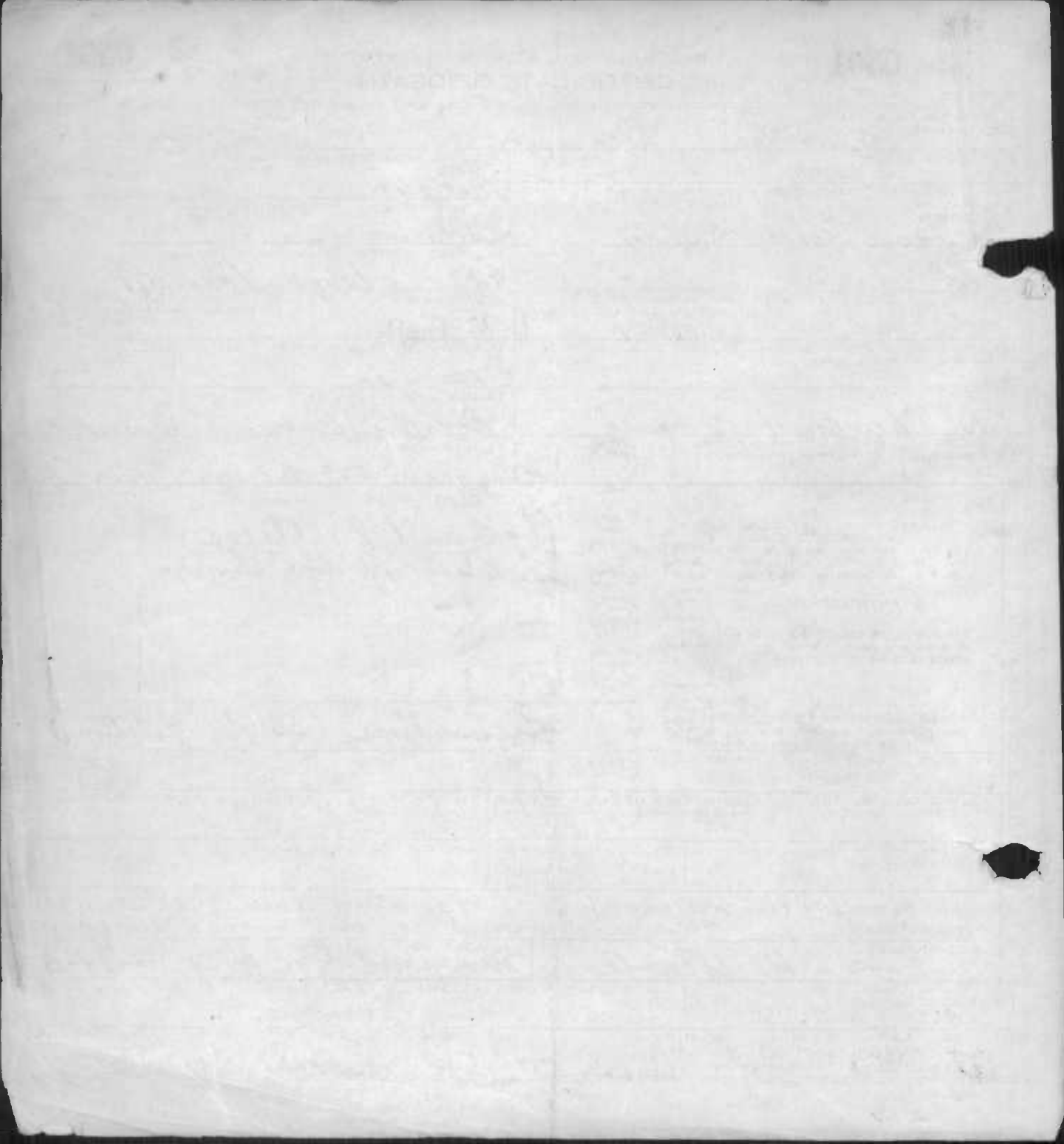
25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams, M.D.

Starr J. Vickner & Sons - Balt



152
52 0502BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0502
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VICTOR SUPINSKI

2. DATE
OF
DEATH

Jan. 17 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2129 E. Balto St

C. Length of stay in Baltimore

18

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Professor

10B. KIND OF BUSINESS OR
INDUSTRY

School

13. FATHER'S NAME

Supinski

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

2129 E. Balto. St. 1-05

8. DATE OF BIRTH

Feb. 16, 1894

9. AGE (In years
last birthday)

57

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

L

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Adam Markowski 2129 E. Balto. St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CORONARY OCCLUSION

1/17/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

CORONARY SCLEROSIS AND
INSUFFICIENCY

2/12/51

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

10. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1951, to Jan. 17, 1952, that I last saw the
deceased alive on Jan. 17, 1952, and that death occurred at 7:45 a. m. from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Brenga

M. D.

23B. ADDRESS

209 E. Chester St

23C. DATE SIGNED

1/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan. 19-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Michael Ukrainian

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 18 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

ST

ST

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0503
Registered No.

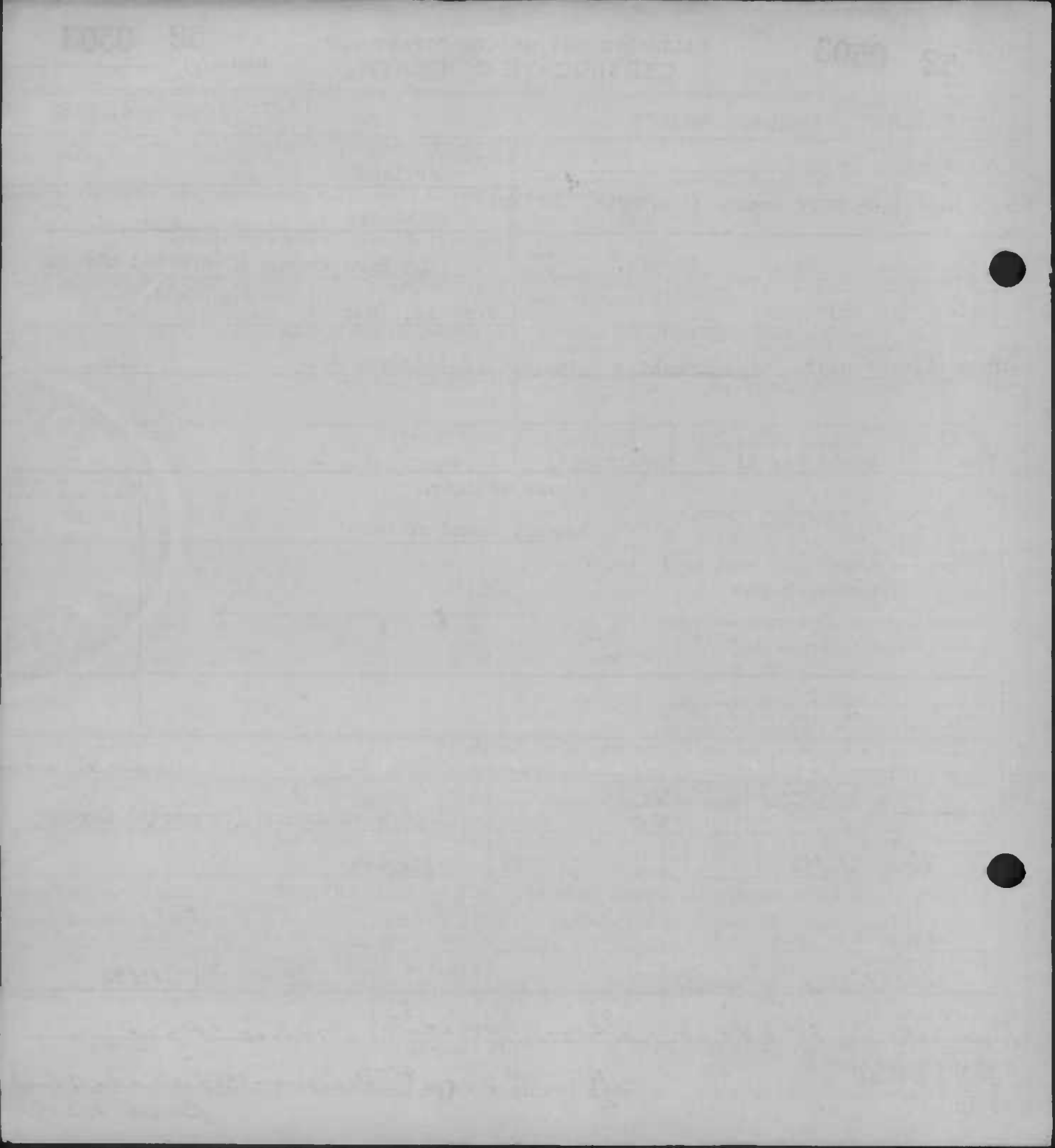
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELMER RICHARD BALDWIN		2. DATE OF DEATH January 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1805 Park Avenue (Converted Garage)		CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02	
5. LENGTH OF STAY IN BALTIMORE 60 yrs.		D. STREET ADDRESS (If rural, give location) 1805 Park Avenue (Converted Garage)	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH June 19, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Painter		10B. KIND OF BUSINESS OR INDUSTRY Automobile Painting	9. AGE (in years last birthday) 60
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 578-18-0154	
17. INFORMANT Family Records		ADDRESS	

18. E976X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head DUE TO (A) Gunshot wound of head (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) garage	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1805 Park Avenue (Converted Garage)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found 1/4/52	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William H. Booth	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. [Signature]	23C. DATE SIGNED 1/5/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 1-18-52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven
DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952	REGISTRAR'S SIGNATURE [Signature]	24D. LOCATION (City, town, or county) (State) Richie 74 gty
25. FUNERAL DIRECTOR Edwards Funeral 2359 Wash Blvd		

V S 151
N-8534 67083
164c Bats mgl



610 52 0504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0504

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Thomas Murphy**

2. DATE
OF DEATH **1/16/52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)
1230 W. Lombard St.

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
4/5/07

9. AGE (In years last birthday) **44**
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Fireman

10B. KIND OF BUSINESS OR INDUSTRY
Baltimore City Police

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
William Murphy

14. MOTHER'S MAIDEN NAME
Catherine Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Viola M. Murphy Lombard St.

18. **331X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) **Possible Encephalitis pending autopsy study**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Encephalitis ruled out.**
DUE TO **Extradural hemorrhage, l. occipital and parietal region. Petechial hemorrhages of hypothalamus, pons, medulla with focal edema of hypothalamus, pons and medulla.**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
1/15/52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE
Juan Mendez M. D.

23B. ADDRESS
2025 W Fayette

23C. DATE SIGNED
1-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
1/21/52

24C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cem

24D. LOCATION (City, town, or county) (State)
4300 Old Frederick Rd. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
JAN 18 1952

REGISTRAR'S SIGNATURE
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR
John J. Cowan & Son Hollins

MEDICAL CERTIFICATION

See Document File for query reply.

1356 52 0505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0505
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christine A. Dittmar

2. DATE
OF
DEATH

17 - Jan - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Hosp. for Women of Maryland

C. Length of stay in Baltimore

78 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

2219 Lake Ave - 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

August Goepfner

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

John G Dittmar

1700 E 32nd St

18.

4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic Cardiovascular Disease

5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan, 1952, to 17 Jan, 1952, that I last saw the deceased alive on 16 Jan, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George Y. Schaeffer

M. D.

23B. ADDRESS

20 E Preston St - 2 -

23C. DATE SIGNED

17 - Jan - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/21/52

24C. NAME OF CEMETERY OR CREMATORY

Bosdon Park

24D. LOCATION (City, town, or county)

Bald

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JAN 18 1952

Hurlington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Baltimore Home 2004 Orleans

YALLEY'S
CONCRETE
BLOCKS
AND
BRICKS

236 52 0506
WD-154984BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0506

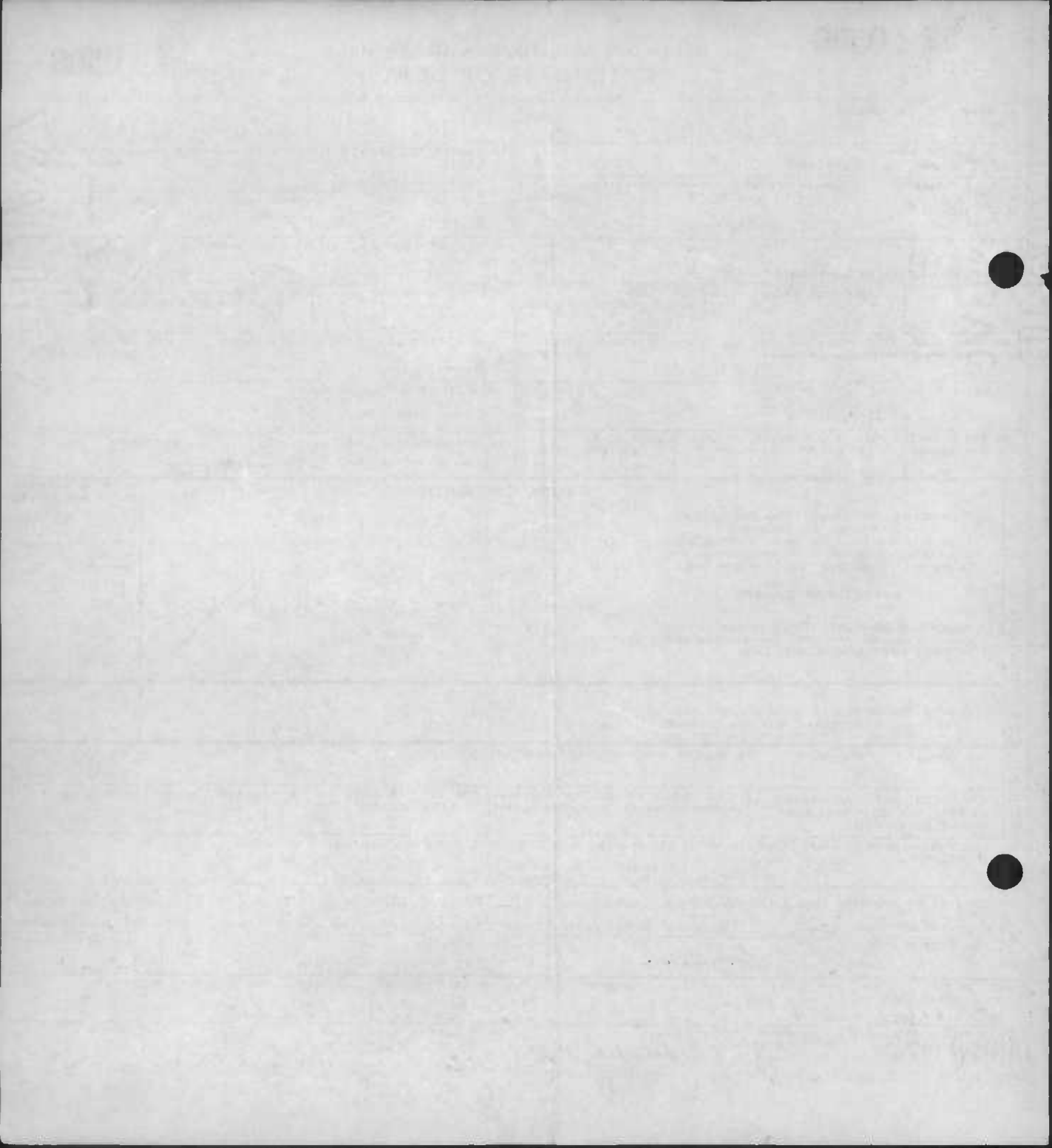
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sadie Chester		2. DATE OF DEATH Jan. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2201 Frankford Ave. 26-34		5. SEX Female	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 15, 1877		9. AGE (In years last birthday) 74	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME James Diamond (D)		14. MOTHER'S MAIDEN NAME Cora Shaffer (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospital Records: 4940 Eastern Avenue			

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO ANTECEDENT CAUSES Generalized arteriosclerotic cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 1 Wk. Yrs.
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MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-21, 1951, to 1-16, 1952 that I last saw the deceased alive on 1-16, 1952, and that death occurred at 1:20 a. m., from the causes and on the date stated above.					
23A. SIGNATURE: J. S. Rogers		23B. ADDRESS: 4940 Eastern Avenue		23C. DATE SIGNED: 1-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE: 1/19/52		24C. NAME OF CEMETERY OR CREMATORY: United Ex Cem	
24D. LOCATION (City, town, or county) (State): Balto		24E. FUNERAL DIRECTOR: William Williams, M.D.		24F. ADDRESS: 2112 Dundas St.	



255
52 0507BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0507
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Weisman, Harry Lee, Sr.

2. DATE
OF
DEATH

Jan. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2816 Louise Ave.

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 21, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stage Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Theatrical

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

John Frank Weisman

14. MOTHER'S MAIDEN NAME

Mary Beech

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-01-3745

17. INFORMANT

ADDRESS

Mrs. Irene Weisman, wife, above

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure.

DUE TO

ANTECEDENT CAUSES

(B)

Coronary Arteriosclerosis with

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Myocardial Infarctions.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1952, to Jan. 16, 1952 that I last saw the
deceased alive on Jan. 16, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

St. Joseph Hospital

1/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 21, 1952

Loudon Park Cemetery

3801 Fred'k. Rd., Balto. Md.

RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

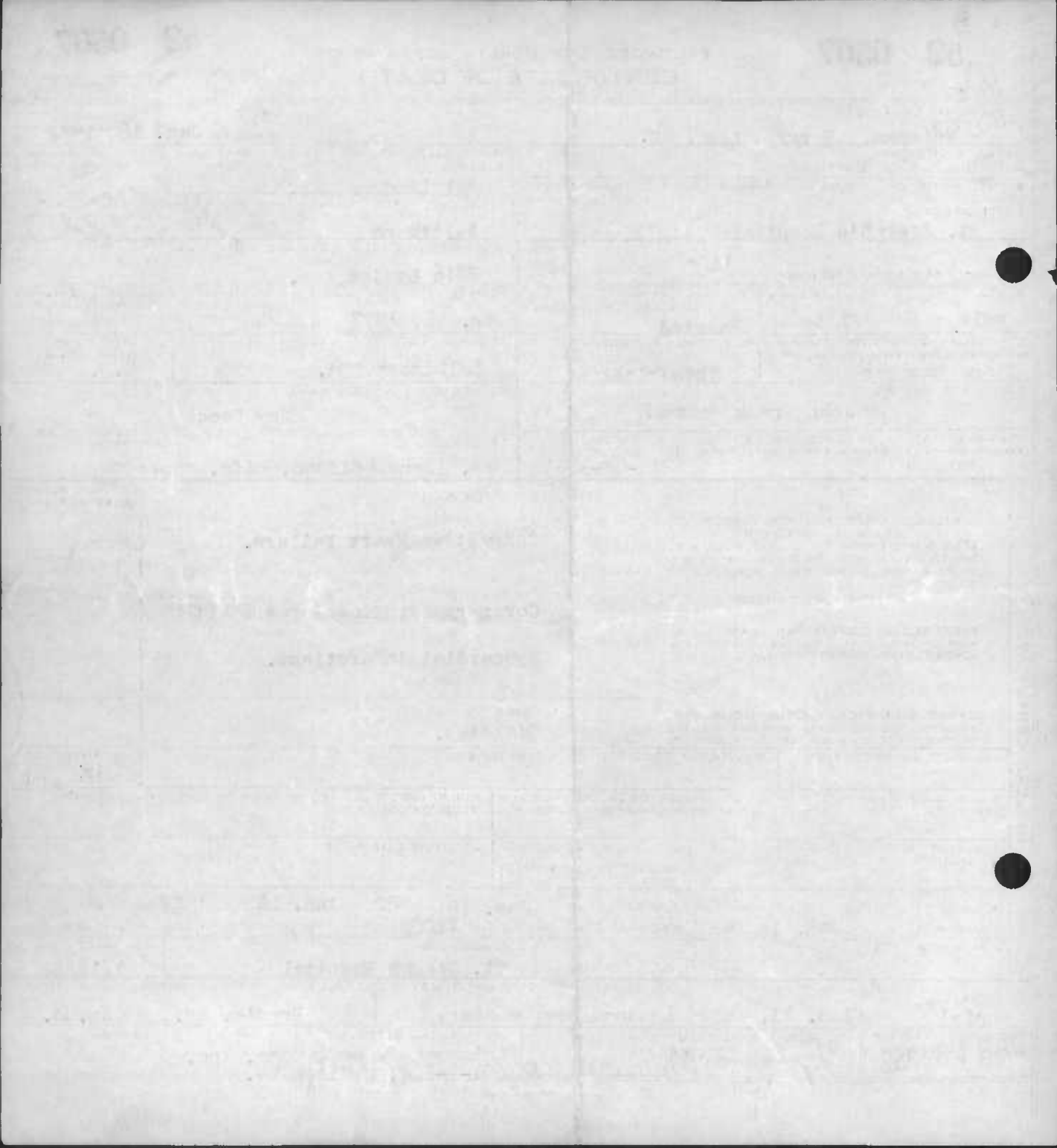
ADDRESS

JAN 18 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

2601 3rd St. E. Madison St.



635
52 0508BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0508

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL J. BRITTINGHAM			2. DATE OF DEATH 1/18/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3119 Keswick Rd.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	B. DATE OF BIRTH March 28, 188	9. AGE (in years last birthday) 63	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10B. KIND OF BUSINESS OR INDUSTRY Chemical Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Brittingham			14. MOTHER'S MAIDEN NAME Elizabeth Riggins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. George Brittingham 1107 Arron Rd.		

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary artery Disease (A) DUE TO (B) DUE TO (C) DUE TO	CAUSE OF DEATH Acute Coronary artery Disease	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/16**, 19**52**, to **1/18**, 19**52**, that I last saw the deceased alive on **1/18**, 19**52**, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

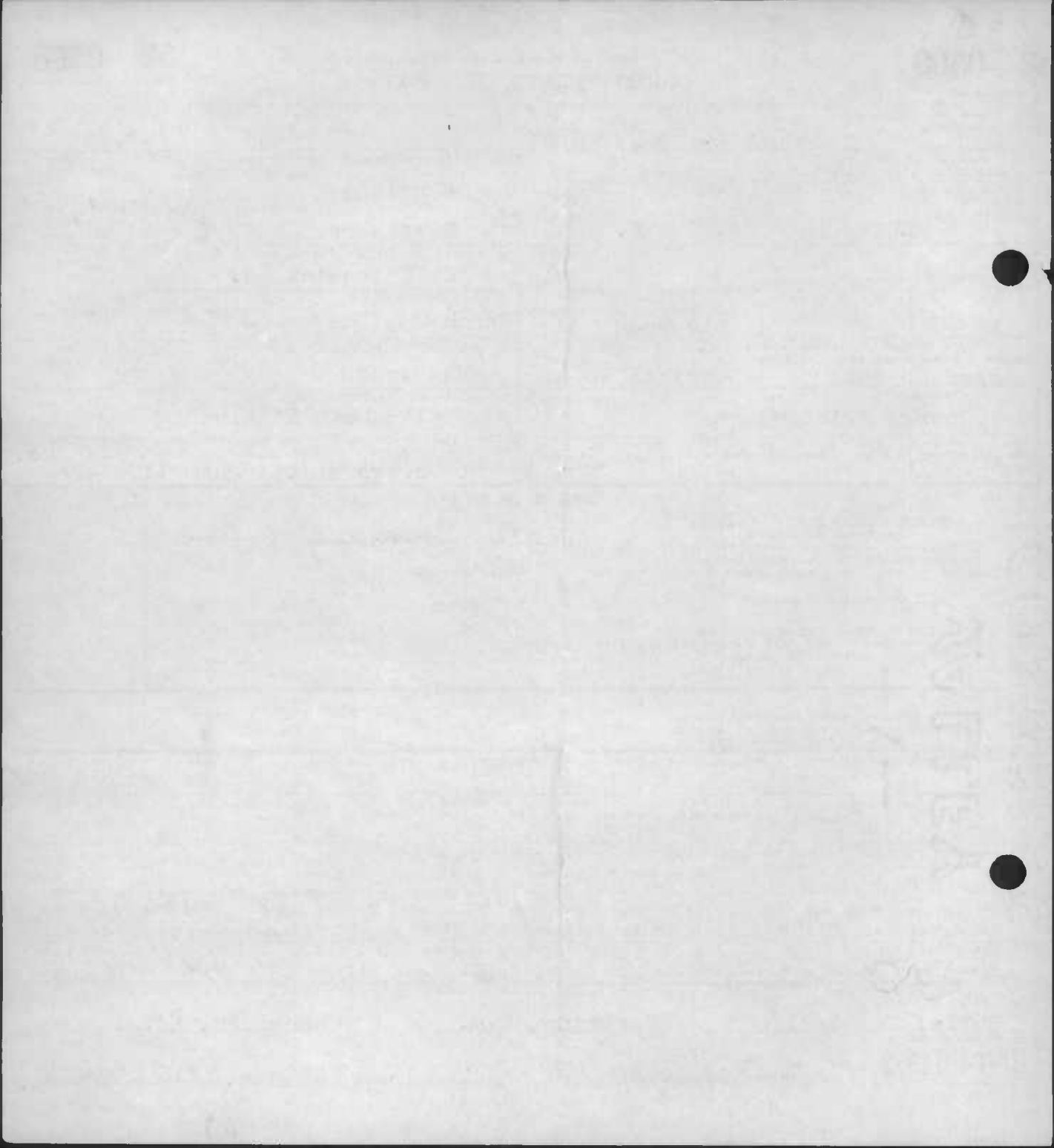
23A. SIGNATURE J. C. Macapangan	23B. ADDRESS Lutheran Hosp. of Md.	23C. DATE SIGNED 1/18/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/21/52	24C. NAME OF CEMETERY OR CREMATORY Cambridge Cem.	24D. LOCATION (City, town, or county) (State) Cambridge, Md.
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DATE RECEIVED BY JAN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR JOHN F. DENNY, Inc.	ADDRESS 715 Light St.
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5134R

94a



535

ANTINORI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0509
Registered No. _____

52 0509
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Winifred Antinori</i>			2. DATE OF DEATH <i>January 17, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Ind.</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <i>1701 E. Fairmount Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>6-29-12</i>	9. AGE (In years last birthday) <i>39</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. W.</i>			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Rudolph Ruskey</i>			14. MOTHER'S MAIDEN NAME <i>Bessie Taylor</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>JOHNS HOPKINS HOSPITAL</i> (A) <i>Cirrhosis of liver</i> DUE TO <i>Chronic alcoholism & poor diet</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2+ yrs.</i> <i>18+ yrs.</i>
	<i>Diffuse Cortical Atrophy</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-18</i> , 1951, to <i>1-17</i> , 1952, that I last saw the deceased alive on <i>1-17</i> , 1952, and that death occurred at <i>5:15 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Dudley P. Jackson M.D.</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>1/18/52</i>	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <i>Greenlawn Cemetery</i>		24b. DATE <i>1/18/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>	
24d. LOCATION (City, town, or county) <i>Newport News, Va.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. 1240 Pa Ave</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>					

MEDICAL CERTIFICATION

1000

1000

1000

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0510

430
155027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl, Gault (Felicia)

2. DATE

OF
DEATH

Jan. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5602 Swallow Lane So, (24)

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 24, 1951

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LeRoy Gault

14. MOTHER'S MAIDEN NAME

Felicia Ann Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Gangrene of small bowel with
perforation and peritonitis

2 Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 12-24, 1951, to 1-8, 1952, that I last saw the
deceased alive on 1-8, 1952, and that death occurred at 1:35a m., from the causes and on the date stated above.

23A. SIGNATURE

R.S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

1-11-52

B.C.H. Crematory

4940 Eastern Avenue

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams, M.D.

0 0 5 0 0

4300
52 0511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0511
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther White

2. DATE
OF
DEATH Jan-16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

519 North Dallas Street

C. Length of stay in Baltimore 34 Yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

519 North Dallas Street

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb-14-1901

9. AGE (In years
last birthday)

50

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Deal Island Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter

Dennie

14. MOTHER'S MAIDEN NAME

Fannie

Horsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Esther Powell 1927 W. Lafayette Ave

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchial pneumonia

days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORK

NOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jan, 1952, to 16 Jan, 1952, that I last saw the deceased alive on 19, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Surwell

M. D.

23B. ADDRESS

121 Airship Dr

23C. DATE SIGNED

1-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-21-52

24C. NAME OF CEMETERY OR CREMATORY

mt calvary cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. O. Wilson 1000 Brantley Ave

ADDRESS

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

630
52 ND 0512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0512

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) <i>Issac Howard</i>							
2. DATE OF DEATH <i>Jan. 17, 1952</i>							
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balti. City</i>							
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Baltimore City Hospital</i> <i>4940 Eastern Avenue</i>							
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>26-12</i>							
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>							
D. STREET ADDRESS (If rural, give location) <i>B.C.H. 4940 Eastern Avenue</i>							
E. Length of stay in Baltimore <i>Life</i>							
S. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 7, 1879</i>	9. AGE (In years last birthday) <i>72</i>	If Under 1 Year Months: Days: Hours: Min.	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoemaker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>on General</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Issac</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Simms</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Baltimore City Hospitals</i> <i>Records: 4940 Eastern Avenue</i>		18. CAUSE OF DEATH <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral vascular accident</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive arteriosclerotic cardiovascular Disease</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>10 Days</i> <i>5 Yrs.</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-28</i> , <i>1947</i> , to <i>1-17</i> , <i>1952</i> , that I last saw the deceased alive on <i>1-17</i> , <i>1952</i> , and that death occurred at <i>5:25 a.m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>P. S. Rogers</i>		23B. ADDRESS <i>M. D. 4940 Eastern Avenue</i>		23C. DATE SIGNED <i>1-17-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-18-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt calvary cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>Chas. O. Wilson</i>		ADDRESS <i>1000 Bunting ave</i>	

97099

93D

5170

51

TRANSIT STATE OF NEW YORK

OFFICE OF THE COMMISSIONER OF TAXES AND REVENUE

1917

IN SENATE
JANUARY 10, 1917
REPORT
OF THE
COMMISSIONER OF TAXES AND REVENUE
FOR THE YEAR 1916
ALBANY: J.B. LIPPINCOTT COMPANY, PRINTERS
1917

STATE OF NEW YORK

STATE OF NEW YORK	
OFFICE OF THE COMMISSIONER OF TAXES AND REVENUE	
ALBANY	
1917	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0513**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA D. FELTON			2. DATE OF DEATH January 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 212 East Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 212 East Street			Yrs. Mos. Days		
5. Length of stay in Baltimore Life		6. COLOR OR RACE Colored			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July-17-1880			
9. AGE (In years last birthday) 71		10. Under 1 Year Months: Days		11. Under 28 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Samuel Jackson		14. MOTHER'S MAIDEN NAME Mary Cooper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Alma Brown 1420 McEllderry St	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **Arteriosclerotic cardiovascular disease**

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Min.)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

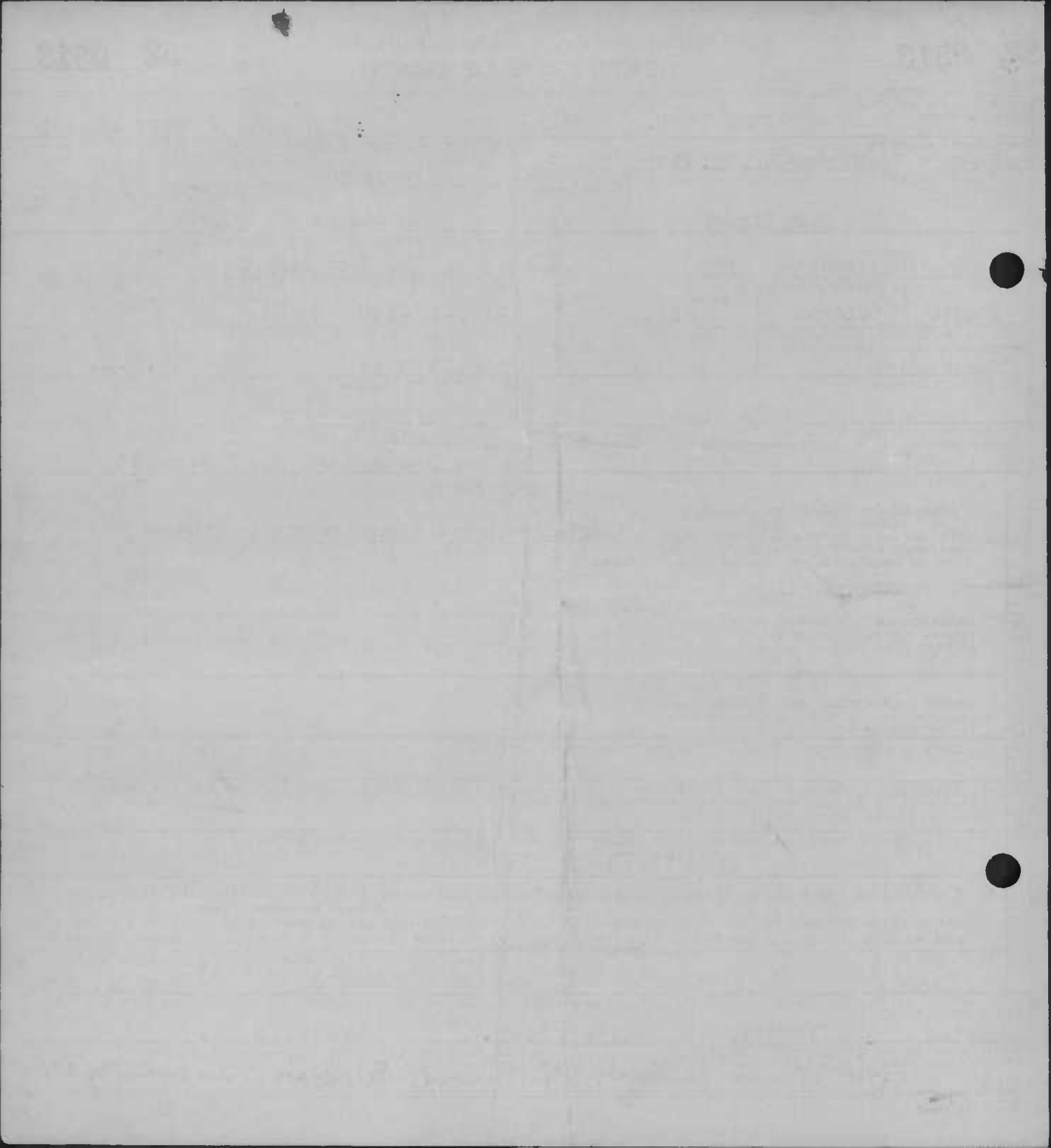
22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/18/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.					

DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Charles Wilson</i>	
VS 151		ADDRESS <i>1500 Brantley ave</i>			

93D ✓

MEDICAL CERTIFICATION



254
52 0514BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0514
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>James McNeil</u>			2. DATE OF DEATH <u>1-15-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>10-02</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>818 Greenmount ave</u>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>13 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>818 Greenmount ave</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 19, 1894</u>	9. AGE (In years, last birthday) <u>57</u>	If Under 1 Year: Months: Days: If Under 24 hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			11. BIRTHPLACE (State or foreign country) <u>Louisville, Kentucky</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>unknown</u>			14. MOTHER'S MAIDEN NAME <u>unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		
17. INFORMANT <u>Dora Taylor</u>			ADDRESS <u>818 Greenmount</u>		

18. 4221 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cardio Vascular
DUE TO
(A) Cardio Vascular
INTERVAL BETWEEN ONSET AND DEATH
?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Cardio Vascular
(C) Cardio Vascular

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

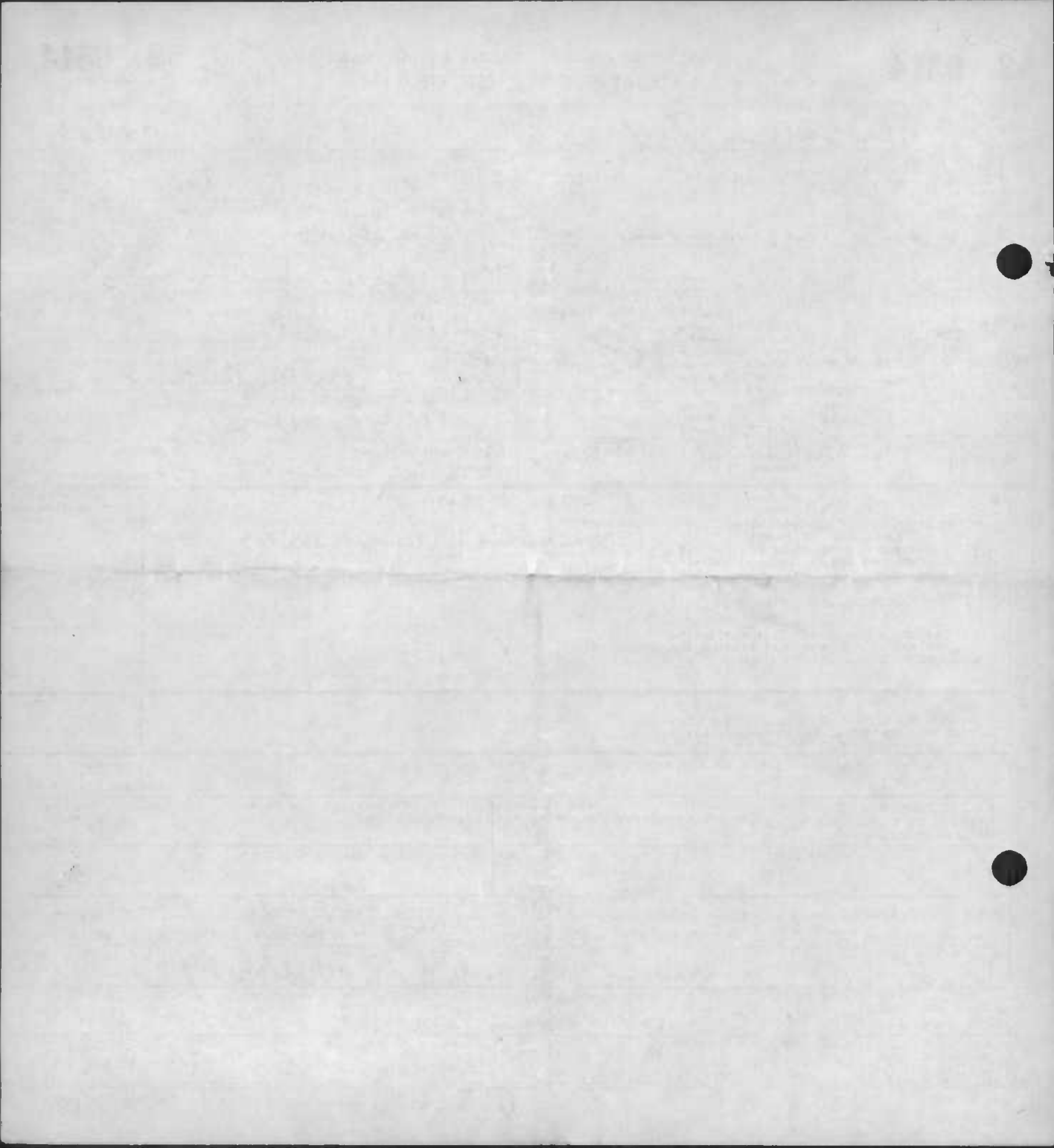
19A. DATE OF OPERATION <u>Jan. 1, 1952</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Dec. 7, 1951 to Jan. 15, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 7:15 p.m. from the causes and on the date stated above.

23A. SIGNATURE W. B. Johnson M. D. 23B. ADDRESS 403 Medart St 23C. DATE SIGNED 1-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>1-18-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>mt Calvary Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore MD</u>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952 REGISTRAR'S SIGNATURE Wilmington Williams M.D. FUNERAL DIRECTOR Chas D. Wilson ADDRESS 1000 Buntly



140
52 0515BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0515

BIRTH NO. 52-01332

1. NAME OF DECEASED
(Type or Print)

Shipley Baby Boy (MARION, JR)

2. DATE
OF
DEATH

Jan. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

WESTMINSTER

D. STREET ADDRESS (If rural, give location)

44 COURT PLACE

c. Length of stay in Baltimore

one (LIFE)

5. SEX

Male

6. COLOR, OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

Infant

13. FATHER'S NAME

MARION SHIPLEY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

VIRGINIA BOWENSON SHIPLEY

18. 760.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) INTRACRANIAL HEMORRHAGE 12 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1952, to Jan 17, 1952, that I last saw the
deceased alive on Jan 17, 1952 and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. E. Matthews

M. D.

23B. ADDRESS

Huntington Hospital Jan. 17, 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-18-1952

24C. NAME OF CEMETERY OR CREMATORY

HARMONY GROVE

24D. LOCATION (City, town, or county)

CARROLL CO.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

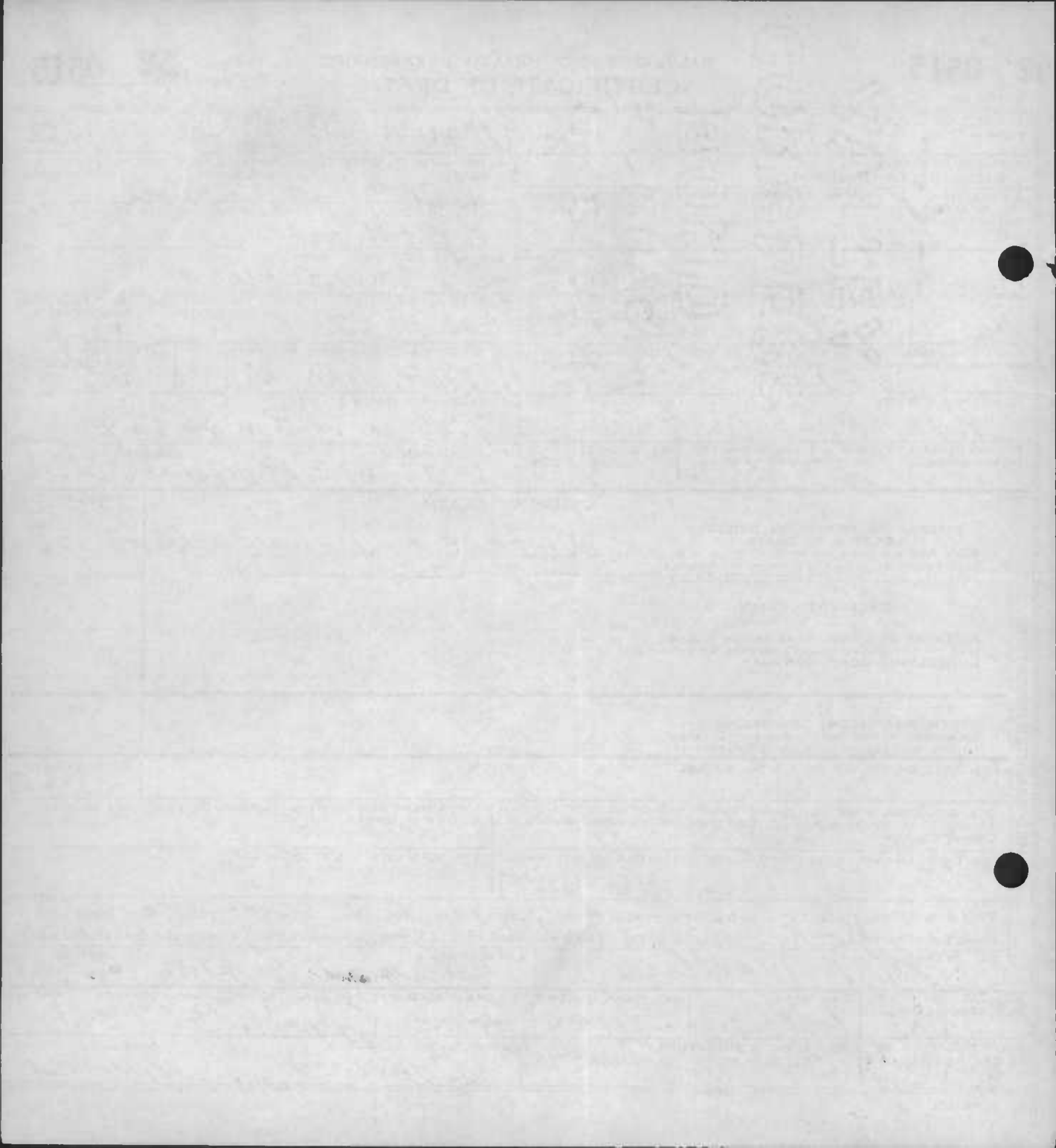
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

S. M. Waltz, Unified. Md.



431
52 0516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0516
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH ALTVATER		2. DATE OF DEATH Jan. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 810 S. Bouldin Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 810 S. Bouldin Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 17, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9. AGE (In years last birthday) 58	
10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Joseph Altvater	
14. MOTHER'S MAIDEN NAME Elizabeth Gehb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT 810 S. Bouldin Street Miss Julia Altvater	

18. 175X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Generalized carcinomatosis DUE TO (B) Cystadenocarcinoma, left ovary DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 8 mons 8 mons
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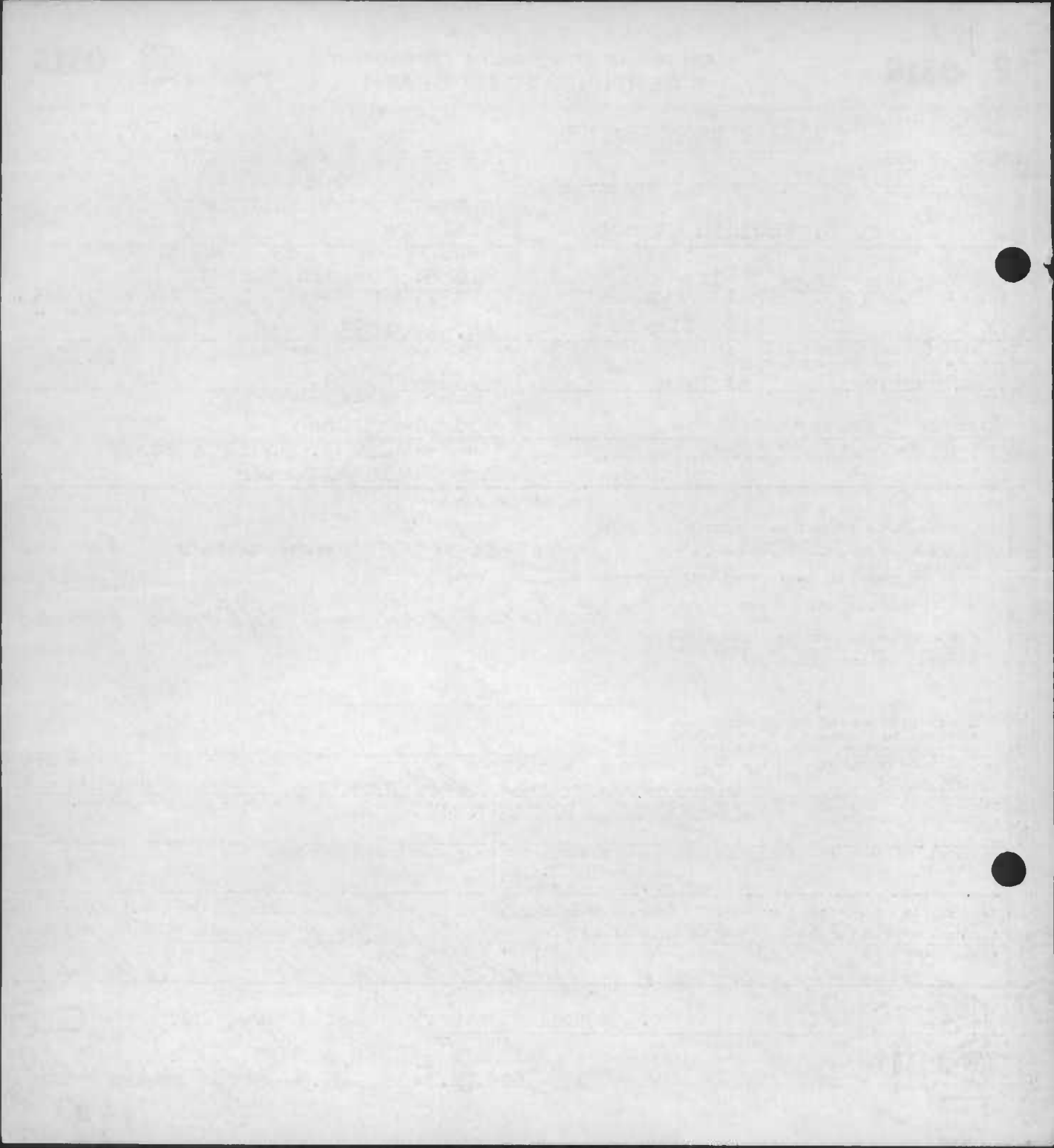
19A. DATE OF OPERATION 2 May 51	19B. MAJOR FINDINGS OF OPERATION Cystadenocarcinoma left ovary	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2 May**, 19**51**, to **17 Jan**, 19**52**, that I last saw the deceased alive on **17 Jan**, 19**52**, and that death occurred at **12** m., from the causes and on the date stated above.

23A. SIGNATURE
John W Barnaby
M. D. **1531 E North Ave**
23B. ADDRESS
1531 E North Ave
23C. DATE SIGNED
18 Jan 52

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 1/21/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTO. 513, W. Long F. Sander
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0517
Registered No. 52 0517530
52 0517
BIRTH NO.

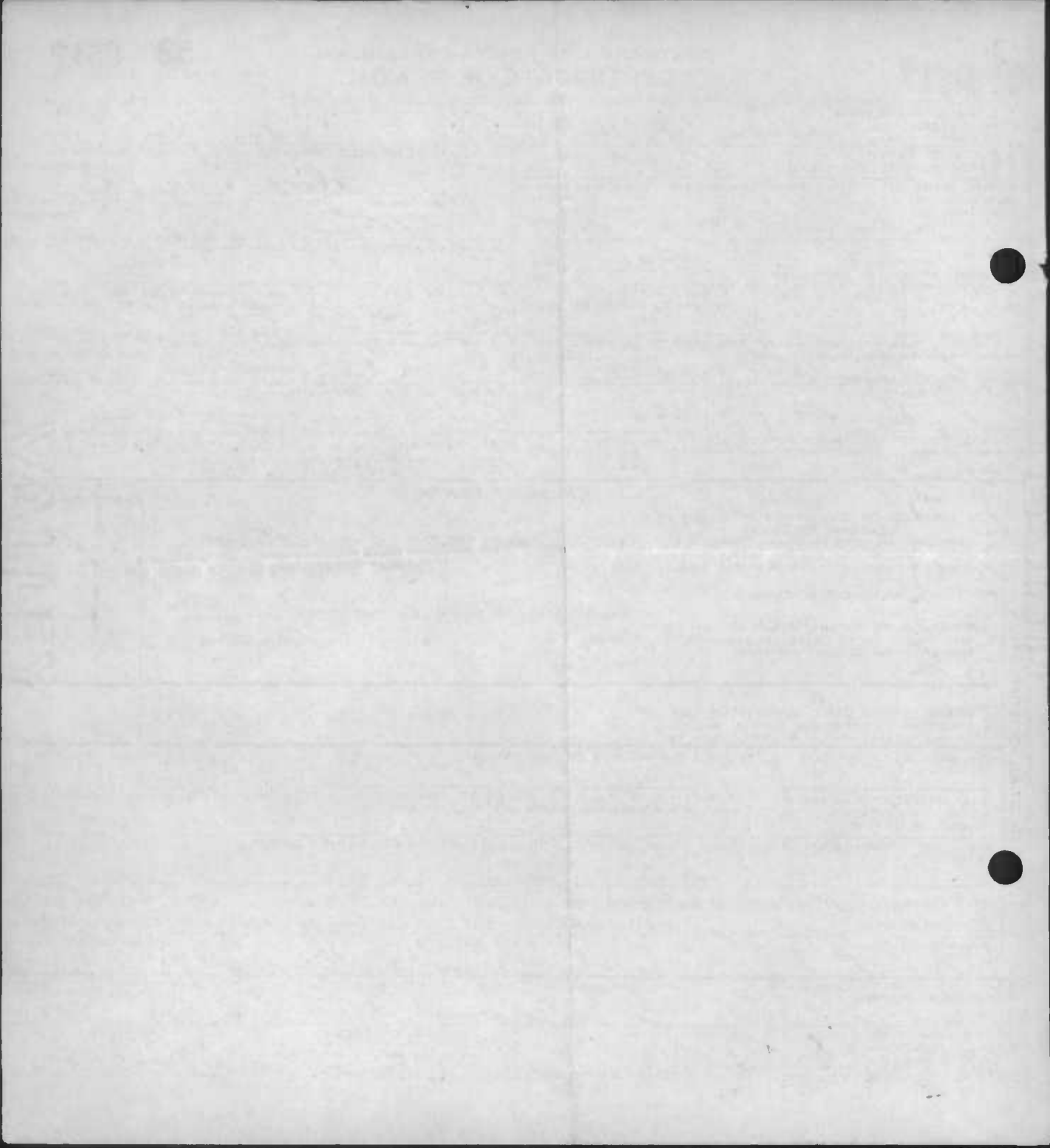
1. NAME OF DECEASED (Type or Print) <i>William SCHMIDT (WM. G. SCHMIDT)</i>		2. DATE OF DEATH <i>Jan 17 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1611 Aliceanna St.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 312-03</i>	
Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Mar. 20 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith</i>		9. AGE (In years last birthday) <i>56</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>own shop</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>Schmidt - William</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Ruppertsbeyer - Amelia</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>1611 Aliceanna St. - 31</i> <i>MRS. ELIZABETH F. SCHMIDT</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Pulmonary edema</i> DUE TO (B) <i>Hypertensive cardiovascular disease</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 year</i>	
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <i>Kenneth E. Casper</i>		23B. ADDRESS <i>Church Home Hosp Balt</i>		23C. DATE SIGNED <i>17 Jan 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>1/21/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>		25A. ADDRESS <i>BALTOO, MD</i>		25B. SIGNATURE <i>George J. Sander</i>	



243
52 0518BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0518
Registered No.

BIRTH NO.

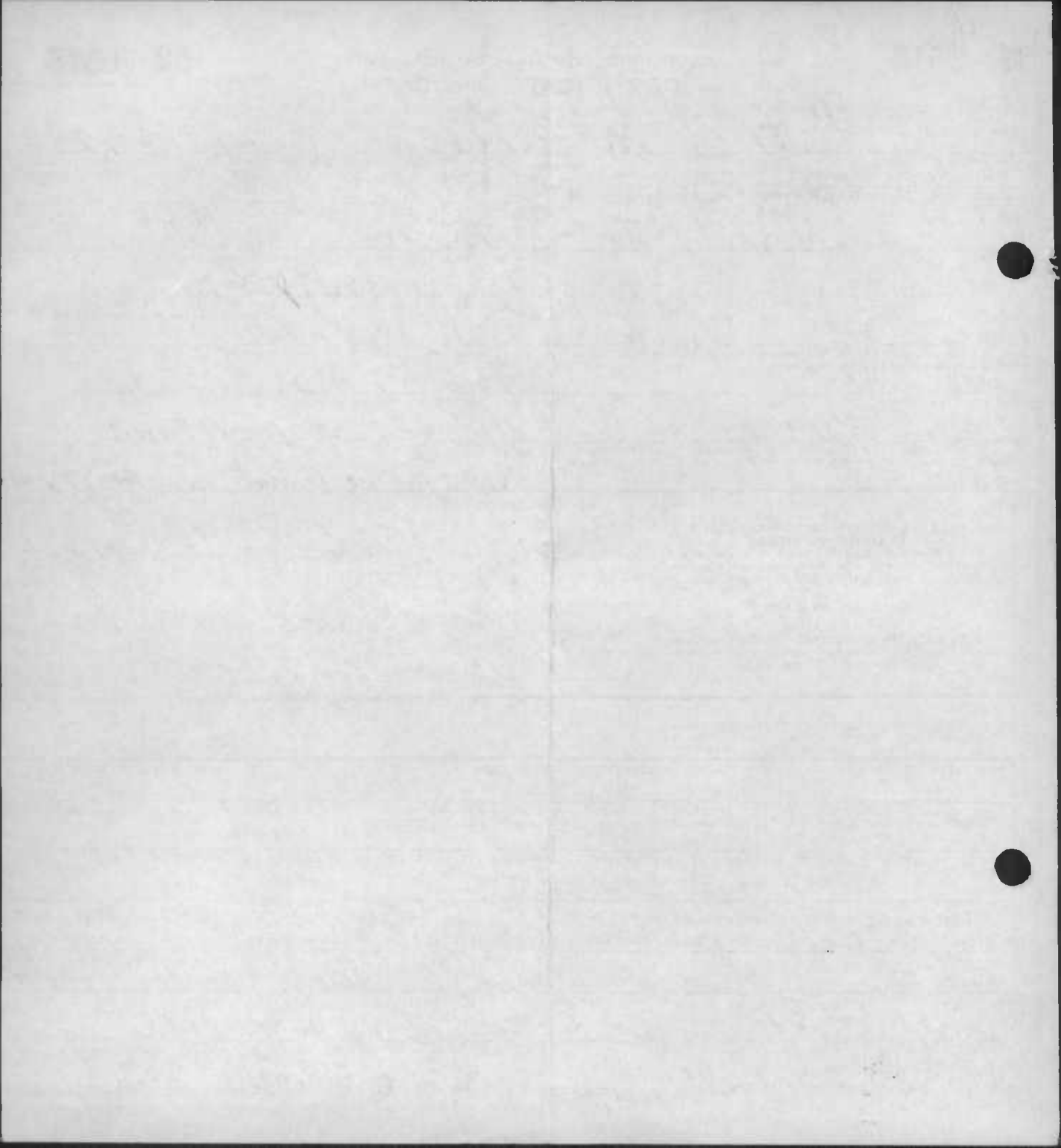
1. NAME OF DECEASED (Type or Print) <i>Esther M^e Glotten</i>			2. DATE OF DEATH <i>1-15-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>18-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>212 N Anity St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>212 N. Anity St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct. 6, 1904</i>	9. AGE (in years last birthday) <i>47</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Louis Winters</i>		
14. MOTHER'S MAIDEN NAME <i>Clementine Hawkins</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Clementine Hawkins</i>		
18. ADDRESS <i>212 N. Anity St.</i>			19. ADDRESS <i>Anity St.</i>		

18. <i>59 x X I</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebro-Vascular Accident on trip</i>	DUE TO	
ANTECEDENT CAUSES	(B) <i>Chronic Nephritis</i>	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Myocardial Infarction</i>	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-15, 1951* to *1-15, 1952* that I last saw the deceased alive on *1-15, 1952* and that death occurred at *9:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>William T. Winters</i>	23B. ADDRESS <i>861 N. Anity St.</i>	23C. DATE SIGNED <i>1-11-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/18/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	25. FUNERAL DIRECTOR <i>Mr. K. B. Williams</i>	ADDRESS <i>322 N. Schroeder St.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>	REGISTRAR'S SIGNATURE <i>William T. Winters</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0519
Registered No. 52 0519

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alice W. Paynter

2. DATE
OF
DEATH

1-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Md.* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

824 W. Saratoga St. Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

824 W. Saratoga St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 9, 1888

9. AGE (in years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Wright

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *Charles Paynter W. Saratoga St. 824*

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral hemorrhage*
DUE TO

10 hrs approx

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*
DUE TO

and
(C) *Dehydration & malnutrition*
and

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 15, 1952* to *Jan 16, 1952*, that I last saw the deceased alive on *Jan 15, 1952*, and that death occurred at *12:30* m., from the causes and on the date stated above.

23A. SIGNATURE

A. Garland

23B. ADDRESS

902 W. Franklin

23C. DATE SIGNED

1-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/19/52

24C. NAME OF CEMETERY OR CREMATORY

Kent Co. Md.

24D. LOCATION (City, town, or county)

Kent Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. R. Williams Schroeder

ADDRESS

324

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1955

RECEIVED

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000
52 0520Lee
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0520

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Leo

2. DATE
OF
DEATH

1-15-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

725 Roundview Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

725 Roundview Rd.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 2, 1908

9. AGE (in years,

last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Now Sewing

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF

WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

James Edwards

14. MOTHER'S MAIDEN NAME

Annie Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

James M. Lee Roundview Rd.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Hemorrhage

DUE TO

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary Tuberculosis

DUE TO

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1951, to Jan 15, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Russell

23B. ADDRESS

902 W. Franklin St.

23C. DATE SIGNED

1-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/19/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Home

24D. LOCATION (City, town, or county) (State)

Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

322 N. Schuylkill

VS 150

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12B

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please write

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115
52-155172
BIRTH NO. 0521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0521

1. NAME OF DECEASED (Type or Print) Katie R. or Catherine Epefano (Catherine Epefano)			2. DATE OF DEATH Jan. 16, 1952		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 43 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 32 S. Carey St. (23)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 10, 1894	9. AGE (In years last birthday) 57	10. Under 1 Year Months Days 11 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Anthony Cherico			14. MOTHER'S MAIDEN NAME Angeline Credindio		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue					

18. 442 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 Wk.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio vascular disease (B) DUE TO	2 Yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus	2 Yrs.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-10 , 19 52 , to 1-16 , 19 52 , that I last saw the deceased alive on 1-16 , 19 52 , and that death occurred at 12:20 pm , from the causes and on the date stated above.					
23A. SIGNATURE J. S. Clozen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 1-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE January 19 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.					
DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ingulf Walker Noe ADDRESS 322 S. High St.	

1839

5

1839

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0522**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALIEN LEROY FAULKNER		2. DATE OF DEATH Jan. 14, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital at least several years Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX male		d. STREET ADDRESS (If rural, give location) 1011 John Street	
6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH June 4, 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) presser	10b. KIND OF BUSINESS OR INDUSTRY Elkridge Laundry	9. AGE (In years last birthday) 45	If Under 1 Year Months: Days
13. FATHER'S NAME Thomas Faulkner		11. BIRTHPLACE (State or foreign country) Marion County, Ill.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 491-18-2663	
17. INFORMANT Leta Rose Faulkner		ADDRESS Centralia, Ill.	

18. 5810 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>Russell S. Fisher</i>	23b. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	23c. DATE SIGNED Jan. 14, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1 - 20 - 52	24c. NAME OF CEMETERY OR CREMATORY Elmwood
24d. LOCATION (City, town, or county) Centralia, Ill.	24e. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Eutaw Place	

DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc.-1900 Eutaw Place
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Dr. J. H. H. H.

514
0523BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0523

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mitchell Allen Campbell

2. DATE
OF
DEATH

January 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Wicomico

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Pittsmeile

D. STREET ADDRESS (If rural, give location)

7200

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

male

white

single

9-19-51

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Paul Campbell

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
JOHNS HOPKINS HOSPITAL

18.

754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

aspiration pneumonia

7 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

chronic congestive

lifetime

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1951, to 1-17, 1952 that I last saw the
deceased alive on 1-17, 1952, and that death occurred at 330 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Appleby

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams, M.D. 2008
Snow Hill Md
Thurmond Home

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1870

July 1st, 1870

24

VALLEY
CONGRESS

AND

JOINT

ASSEMBLY

U. S. A.

1870

1870

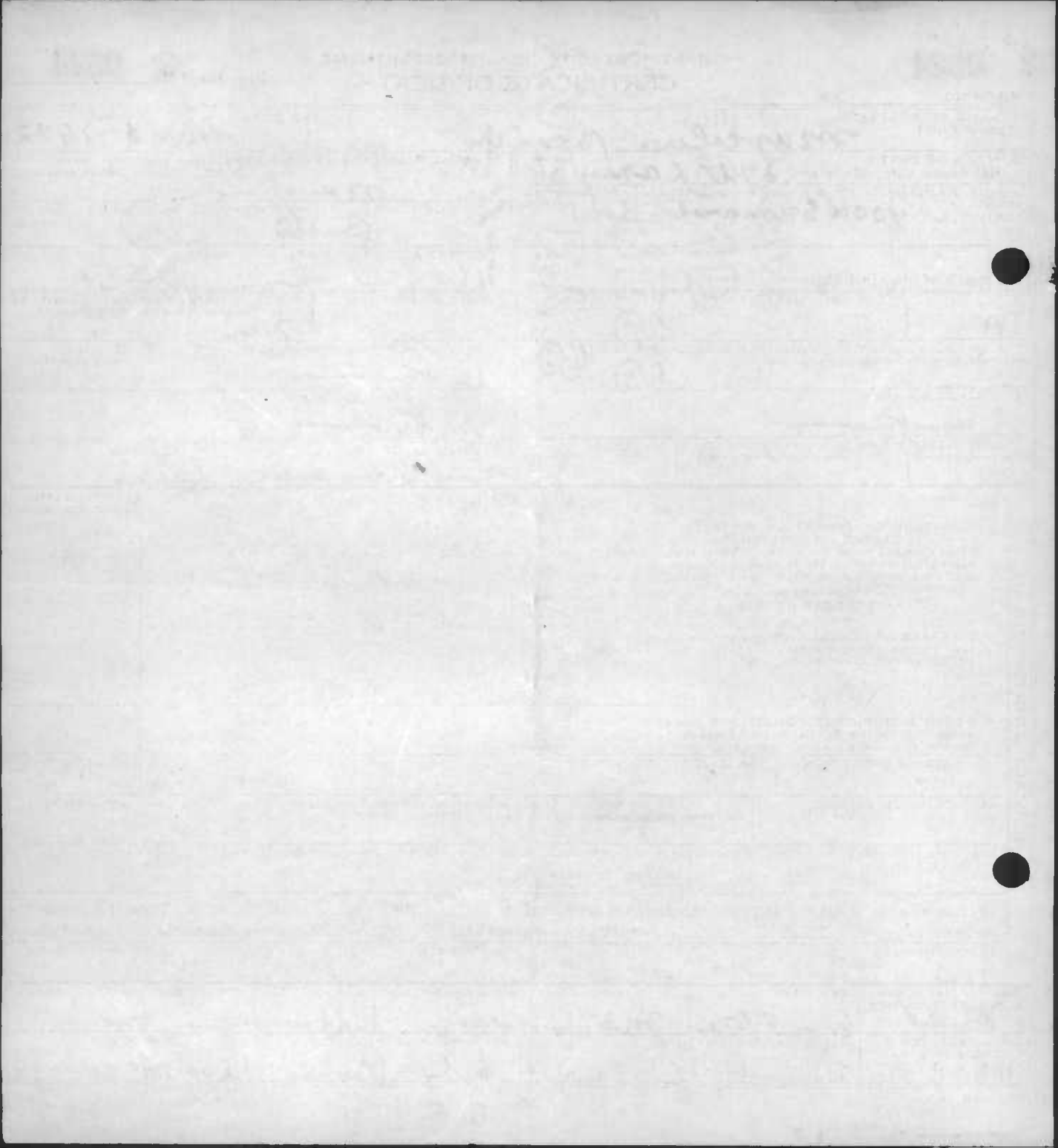
1870

636
52 0524BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0524

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>marcelus porter</i>		2. DATE OF DEATH <i>Jan 5 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>27 N Carey St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Samaritan Hosp</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1606 W Lexington St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>?</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>	9. AGE (in years last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		17. INFORMANT ADDRESS <i>Good Samaritan Hosp.</i>	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) <i>ARTERIO SCLEROTIC CARDIO- VASCULAR DISEASE</i>			
DUE TO			
(B) <i>CONGESTIVE FAILURE</i>			
DUE TO			
(C) <i>Senility</i>			
INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/8</i> , 19 <i>51</i> , to <i>1/5</i> , 19 <i>52</i> that I last saw the deceased alive on <i>1/8</i> , 19 <i>52</i> , and that death occurred at <i>3:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>John H. Shaw</i>		23B. ADDRESS <i>201 Chas. Church</i>	
23C. DATE SIGNED <i>1/8/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Jan 5/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>J. L. Russ</i>		ADDRESS <i>1200 McCallum St</i>	



correct age is especially important. Physicians: please write the causes of death clearly and briefly.

435
52 0525
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0525

1. NAME OF DECEASED (Type or Print) <i>Della G. Clayton</i>		2. DATE OF DEATH <i>Jan. 16-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2719 Louise Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2719 Louise Ave</i>		Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Jan. 1-1891</i>
9. AGE (In years last birthday) <i>61</i>		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Wisconsin</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>William F. Riley</i>	
14. MOTHER'S MAIDEN NAME <i>Liza A. Malone</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Harry Clason-Louise</i>	
ADDRESS <i>2719</i>			

18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>acute pulmonary edema</i> DUE TO (B) <i>Cerebral thrombosis with hemiplegia</i> DUE TO (C) <i>arteriosclerotic cardiovascular disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>30 hrs.</i> <i>11 mos</i> <i>10 yrs</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>43</i> , to <i>January 16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>January 16</i> , 19 <i>52</i> , and that death occurred at <i>3.30</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>6217 Harford Rd</i>		23C. DATE SIGNED <i>1/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>1-19-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>5305 Harford</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>					

Dr. Almer

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

000 Dr. White
52-0526-1/2nd rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0526

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nicholas A. Vey

2. DATE
OF
DEATH

Jan. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5113 Plymouth Road

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 16, 1873

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Park Patrolman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Vey, 5113 Plymouth Road

18. 4721 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular
Disease

INTERVAL BETWEEN
ONSET AND DEATH

7 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Senility

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1952 to Jan 16, 1952, that I last saw the
deceased alive on 12 Jan, 1952, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-19-52

Holy Redeemer

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

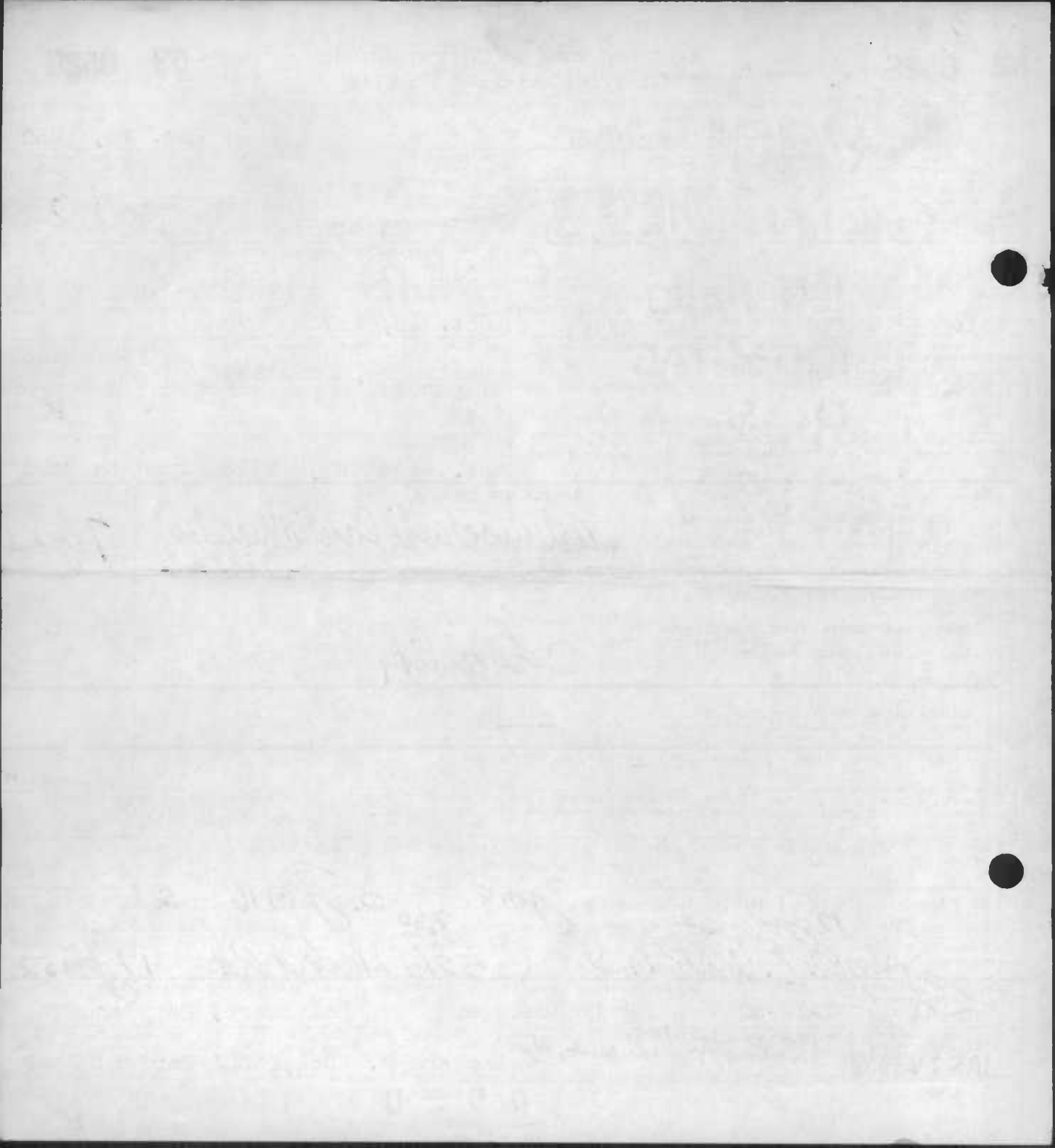
Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road

VS 150

1 7 5 2 0 0 0 0 5 2 5

937



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-0527**

BIRTH NO. **52-60 0527**

1. NAME OF DECEASED (Type or Print) JOHN Bernard BAKER		2. DATE OF DEATH Jan. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2623 Guilford Avenue	
SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 26-1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investigator		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Emmitsburg Md		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Nicholas Baker		14. MOTHER'S MAIDEN NAME Isabelle Eckhardt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr James Baker		ADDRESS 4306 Forest View	

18. **E812.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of right hip**

DUE TO

(C) **Necrotic ulcers of right leg**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Barclay & 25th Streets

12-3

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

December 18, 1951

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Jan. 17, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-21-52

Holy Redeemer

Balto Md

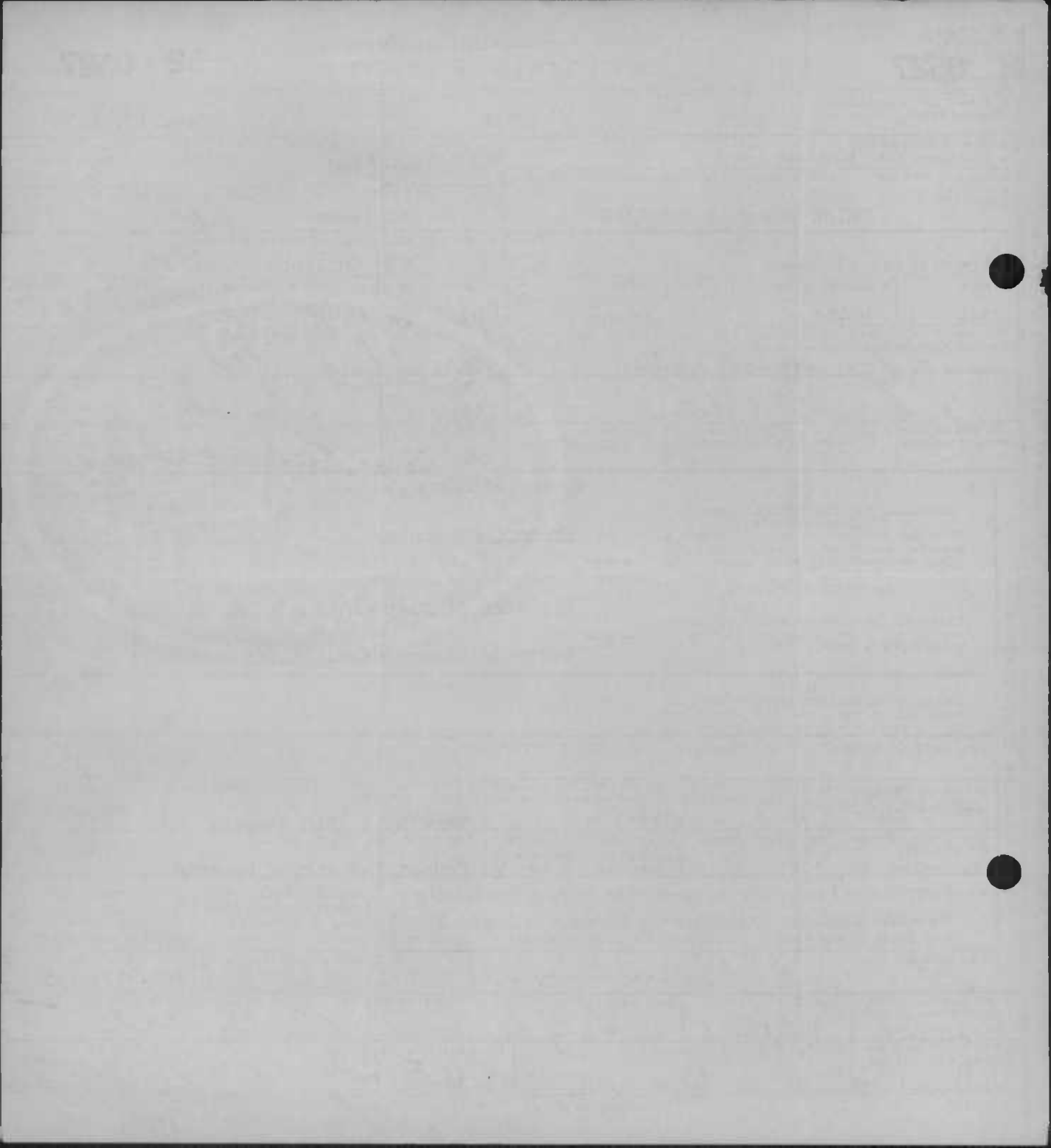
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952



326
52 0528BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0528

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Schweitzer

2. DATE
OF
DEATH

1-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14 27-03

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2807 Woodward Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1884-1-17

9. AGE (in years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Silver Chaser

10B. KIND OF BUSINESS OR INDUSTRY

Improving silver

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Justus Schweitzer

14. MOTHER'S MAIDEN NAME

Helen Raeser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Katharine Schweitzer

ADDRESS

Wife

1B. 433.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Posterior myocardial infarction

13 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Right bundle branch block

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-8, 1952 to 1-17, 1952 that I last saw the deceased alive on 1-17, 1952, and that death occurred at 9:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

R. K. Skipton

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

1-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-21-52

Lorraine Park

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams

L. Ruck

5305 Hayford

100

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0529**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS A. MULDOON JR.		2. DATE OF DEATH 1/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt. Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life (Yrs. Mos. Days)		D. STREET ADDRESS (If rural, give location) 1357 West 42nd St	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 16, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clerk		10B. KIND OF BUSINESS OR INDUSTRY STEAMSHIP LINE	
13. FATHER'S NAME Thomas Muldoon		14. MOTHER'S MAIDEN NAME Elizabeth Black	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wife		ADDRESS	

18. 610X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertrophied Prostate		1 yr.	
ANTECEDENT CAUSES		(B) Urinary Retention		1 month	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Cardiovascular Disease		Yes	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12/13/51**, to **1/16/52**, that I last saw the deceased alive on **1/16**, 19**52** and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Paul E. Schenck M.D.		23B. ADDRESS Maryland Gen. Hosp.		23C. DATE SIGNED 1/16/52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/19/52		24C. NAME OF CEMETERY OR CREMATORY Providence		24D. LOCATION (City, town, or county) (State) Gamber Md.	
--	--	-----------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Paul E. Schenck		ADDRESS 3600 11th Street	
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0530**

500
52 0530
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mabel P. Quinn		2. DATE OF DEATH 1/17/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4210 Belair Rd		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4210 Belair Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/14/1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never employed		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
11. BIRTHPLACE (State or foreign country) Queen Anne Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Lewis L. Quinn		14. MOTHER'S MAIDEN NAME Elizabeth Dixon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Helen E. Quinn		ADDRESS 4212 Belair Rd	

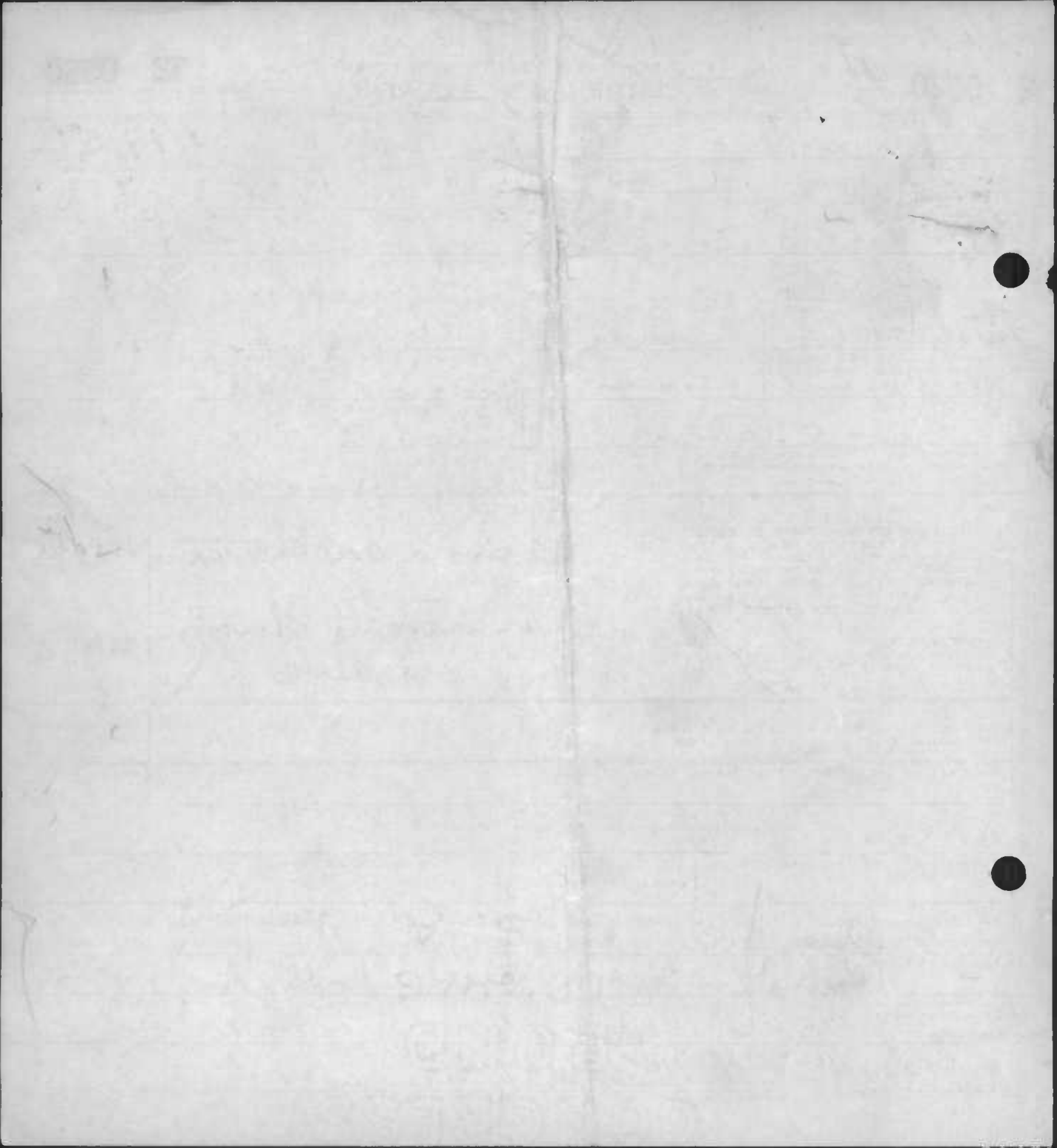
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cochexia acid Helicobacter DUE TO 10 days	CAUSE OF DEATH Cochexia acid Helicobacter	INTERVAL BETWEEN ONSET AND DEATH 10 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Stomach and Intestines DUE TO 6 months	(B) Carcinoma of Stomach and Intestines DUE TO 6 months	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **December 15, 1951** to **January 16, 1952**, that I last saw the deceased alive on **January 16, 1952**, and that death occurred at **8:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE Albert Eisenberg	23B. ADDRESS 3015 E North Ave	23C. DATE SIGNED 1-18-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/19/52	24C. NAME OF CEMETERY OR CREMATORY Chesterfield
24D. LOCATION (City, town, or county) Centerville Md.		

DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook & Son	ADDRESS 1217 St. Paul St
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0531
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William Spence

2. DATE
OF
DEATH

1-16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1417 Edmondson Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission):

A. STATE

B. COUNTY

Md.

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1417 Edmondson Ave

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 18, 1878

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

8

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Spence Sr.

14. MOTHER'S MAIDEN NAME

Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Dorothy Baldwin

ADDRESS *1810 Mosher St.*

18.

1561

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of liver

INTERVAL BETWEEN ONSET AND DEATH

8 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-8-*, 19*51* to *1-16-*, 19*52* that I last saw the deceased alive on *1-16-*, 19*52* and that death occurred at *1:40* m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Conner

23B. ADDRESS

1639 N. Carey St

23C. DATE SIGNED

1-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1/19/1952

24C. NAME OF CEMETERY OR CREMATORY

Wt. Zion Cmt.

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

322 N. Schuylkill St.

MEDICAL CERTIFICATION

1937

5

RECEIVED
JUL 10 1937

1937

263
52 0532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0532
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA JONES RICKARDS			2. DATE OF DEATH January 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) Baltimore 27-48		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 738 Northern Parkway		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-18-80	9. AGE (In years last birthday) 71	10. UNDER 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Thomas James			14. MOTHER'S MAIDEN NAME Alice Dickson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 4/20/11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) myocardial infarction	CAUSE OF DEATH (A) myocardial infarction DUE TO (B) Generalized arteriosclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-17**, 19**52** to **1-17**, 19**52**, that I last saw the deceased alive on **1-17**, 19**52** and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23A. SIGNATURE Roe Wells / Don H. Walters	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 1/17/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/19/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 19 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR'S ADDRESS Wm. J. Dickner & Sons
--	---	--

Balto 17, Md 94a

830

11

1130

12

2

2.30

536

52 0533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0533

Registered No.

BIRTH NO.

Haviland

1. NAME OF DECEASED
(Type or Print)

MYRTELLA / ANDREW

2. DATE
OF
DEATH

1-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital, Balto., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4421 Harcourt Rd.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 15, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

secretary

10B. KIND OF BUSINESS OR INDUSTRY

Church

11. BIRTHPLACE (State or foreign country)

District of Columbia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edgar Perry Haviland

14. MOTHER'S MAIDEN NAME

Margaret Belt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary H. Hartford-4421 Harcourt Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of left lung

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Jan. 18, 1952, that I last saw the deceased alive on Jan. 18, 1952, and that death occurred at 3:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Board

23B. ADDRESS

M. D. Univ. Hosp. Balto. Md.

23C. DATE SIGNED

1-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/21/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Sicker & Sons 477

ADDRESS

Balto 17, Md.

1870 82

1870 82

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0535
Registered No. 52 0535

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY C. Dock

2. DATE
OF
DEATH

1/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3716 Colborne Rd

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE B. COUNTY

3716 Colborne Rd

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTO

MD

16-08

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

9 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

MAR-7-1861

9. AGE (In years
last birthday)

90

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

Chambersburg PA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES COSGROVE

14. MOTHER'S MAIDEN NAME

MARGARET NICE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY CDINAN, 3716 Colborne Rd

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1952, to 1/17, 1952 that I last saw the
deceased alive on 1/16, 1952, and that death occurred at 8:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dorcas Langhlin

M. D.

4508 Edmondson Village

1/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1/21/52

MEADOWRIDGE CEM WASH BLVD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 19 1952

Huntington Williams

Charles P. Toewell 3617 Edmondson Ave

Dr. McLaughlin
4508 E. Hubbard St.

WK 4150

240
52 0536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0536

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MAXWELL, Simeon Augustus		Jan. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
U.S. Public Health Service Hospital, Baltimore 11, Maryland		Maryland			
C. CITY OR TOWN		B. COUNTY			
Baltimore		10-02			
D. STREET ADDRESS (If rural, give location)		924 Eden Street			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		Negro		Married	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
May 15, 1909		42		Costa Rica	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
Costa Rica		Costa Rica		Joseph Maxwell	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
Susan Hutchinson		No		433-40-2937	
17. INFORMANT		ADDRESS		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
Records - US PHS Hospital, Balto., Md.				(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Peritonitis with intra-abdominal abscess		Approx. 2 wks.	
ANTECEDENT CAUSES		(A) Cirrhosis of liver		Unknown	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Carcinoma of liver with extension to and obstruction of, portal vein.		Unknown	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
12/27/51		Cirrhosis of liver and infarction small bowel due to venous thrombosis, suspected.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Nov. 28, 1951, to Jan. 14, 1952, that I last saw the deceased alive on Jan. 14, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John L. Wilson, Director		US PHS Hospital, Balto., Md.		1-18-52	
24A. BURIAL / CREMATION / REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		1-21-52		Arbutus Mem. Park	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
JAN 19 1952		Huntington Williams, M.D.		Arbutus - Balto. Co., Md.	
VS 150		25. FUNERAL DIRECTOR		ADDRESS	
		Charles R. Law - 802 Mad. Ave.			

240 55

46 F

Department of the Interior
Bureau of Land Management
Washington, D. C.
June 1, 1911
To the Honorable Secretary of the Interior
Sir: In accordance with the provisions of the Act of March 3, 1879, relating to the disposal of the public lands, I have the honor to acknowledge the receipt of your letter of the 28th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

Very respectfully,
J. H. ...
1911

520
52 0537BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0537

BIRTH NO. 52-00487-00270	
1. NAME OF DECEASED (Type or Print) <i>Harry Seneca</i>	
2. DATE OF DEATH <i>Jan. 18, 1952</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>11214 W</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>	
C. Length of stay in Baltimore <i>delv</i>	
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>11</i>	
C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore 6-03</i>	
D. STREET ADDRESS (If rural, give location) <i>2230 E. Lanley St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>1-1-52</i>
9. AGE (In years last birthday) <i>17</i>	10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Casper Seneca</i>	
14. MOTHER'S MAIDEN NAME <i>Bernice</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>	
16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>768.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>aspiration</i> CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Septicemia</i> (B) DUE TO (C)		<i>4 day</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-15*, 19*52*, to *1-18*, 19*52*; that I last saw the deceased alive on *1-18*, 19*52*, and that death occurred at *2:05* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert E. Appleby</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 19/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Schwartz's</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
--	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Philip's Newington</i>	ADDRESS <i>2054 Gilman St</i>
--	---	---	----------------------------------

VALLEY
CONGRESS

BOND

WORKING

U.S. GOVT

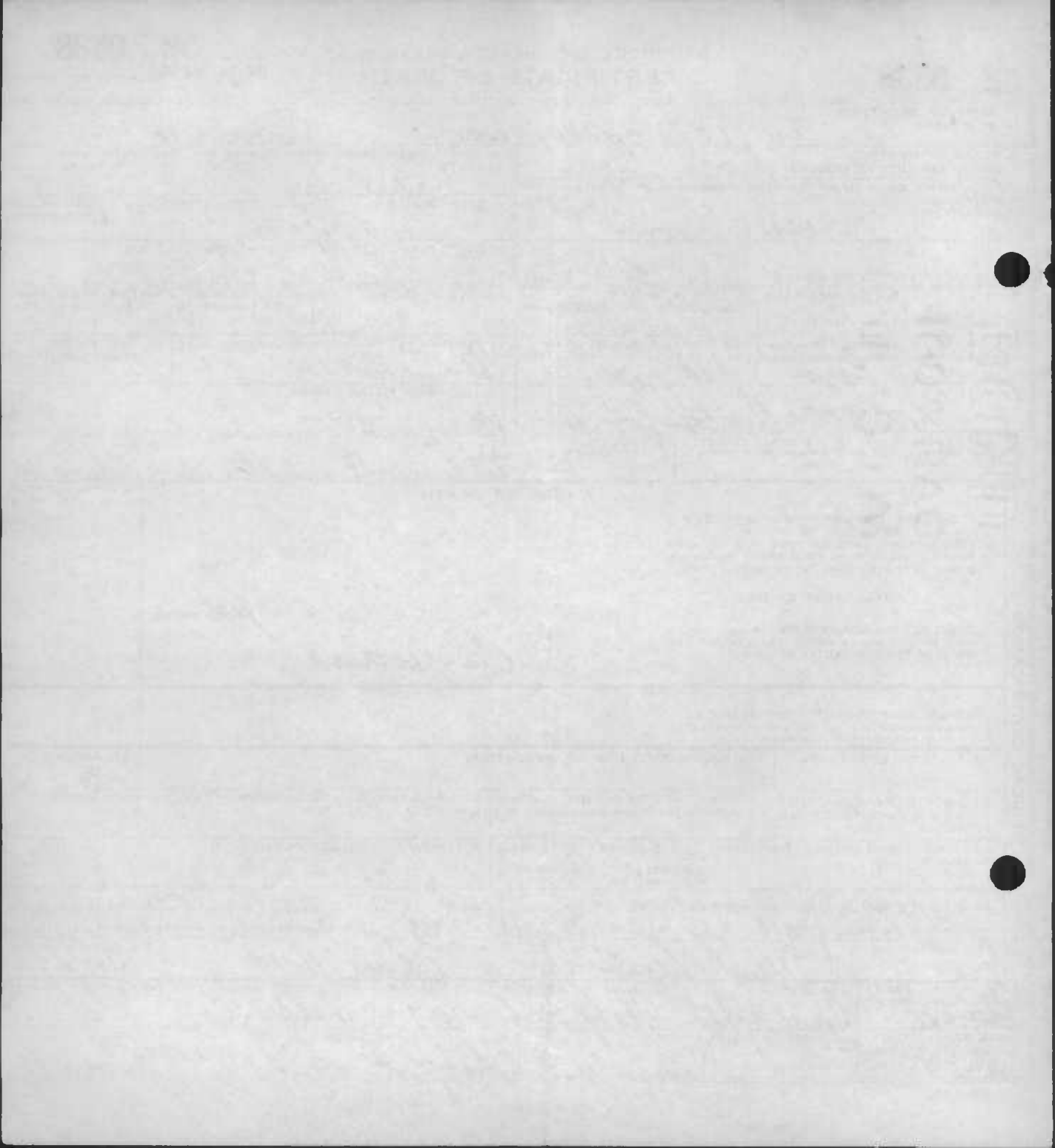
634
52 0538
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0538
Registered No.

1. NAME OF DECEASED (Type or Print) PHILIP R. BARTHOLOMEW			2. DATE OF DEATH 1/18/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hosp			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
5. LENGTH OF STAY IN BALTIMORE 4 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1927 ORLEANS ST		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 3 1910		9. AGE (in years last birthday) 41
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanatorium Lawyer		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter Bartholomew			14. MOTHER'S MAIDEN NAME Margaret		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT Miriam Bartholomew ADDRESS 1927		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PNEUMONIA -	CAUSE OF DEATH (A) PNEUMONIA - DUE TO (B) Tracheo Esophageal fistula DUE TO (C) Ca of stomach	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1/18/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10 , 1952, to Jan 18 , 1952, that I last saw the deceased alive on Jan 18 , 1952, and that death occurred at 4:45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Philip R. Bartholomew M. D.		23B. ADDRESS 1927 Orleans St		23C. DATE SIGNED 1/18/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 22/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) BALTIMORE
DATE RECEIVED BY LOCAL REGISTRAR JAN 19 1952		REGISTRAR'S SIGNATURE Philip R. Bartholomew, M.D.	
DATE RECEIVED BY FUNERAL DIRECTOR Jan 19 1952		FUNERAL DIRECTOR'S SIGNATURE Philip R. Bartholomew, M.D.	



260
52 0539BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 0539

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HENRY TUCKER

2. DATE
OF
DEATH

Jan. 18 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

628 W. Lamvale st

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-00

D. STREET ADDRESS (If rural, give location)

628 W. Lamvale st

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 6 1878

9. AGE (in years)

73

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

A. A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Tucker

14. MOTHER'S MAIDEN NAME

Lottie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robinson Tucker, Annapolis

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebr. Vascular Accident

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis

?

(C)

Chronic Myocarditis

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-10, 1952, to 1-18, 1952, that I last saw the deceased alive on 1-18, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

State

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 19 1952

Huntington Williams, M.D.

B. Johnson Annapolis

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0540
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AARON BOHR

2. DATE
OF
DEATH

January 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1206 W. Fayette Street

Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Male

White

Single

Oct. 6, 1885

66

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Wrecker

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

William B. Bohr

14. MOTHER'S MAIDEN NAME

Mary A. Groff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give War or dates of service)

No

16. SOCIAL
SECURITY NO.

705-10-3073

17. INFORMANT

ADDRESS

William Bohr, 1400 Hollins Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Craniocerebral Injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Street

Baltimore and Arlington Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1/17/52 12:02 A.m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 19 1952

Huntington Williams, M.D.

B. M. Walters

VS 151

N 856-0

970 50

Pratt & Stricker

170c

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0541
Registered No.

320
52 0541
BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS BOTS			2. DATE OF DEATH 1-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY 10-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL + DISPENSARY C. CITY OR TOWN BALTIMORE D. STREET ADDRESS (If rural, give location) 826 N. CENTRAL AVE.			5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED MARRIED 8. DATE OF BIRTH 3/20/81 9. AGE (In years) 70 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown 11. BIRTHPLACE (State or foreign country) VIRGINIA 12. CITIZEN OF WHAT COUNTRY? USA		
13. LENGTH OF STAY IN BALTIMORE Several years			14. MOTHER'S MAIDEN NAME Jennie		
15. WAS DECEASED IN U.S. ARMED FORCES? (If yes, give war or dates of service) UNKNOWN			16. SOCIAL SECURITY NO. 1-18-52		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Measles DUE TO		INTERVAL BETWEEN ONSET AND DEATH 24+ 48+ ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cerebral Hemorrhage DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Hyper-tension		

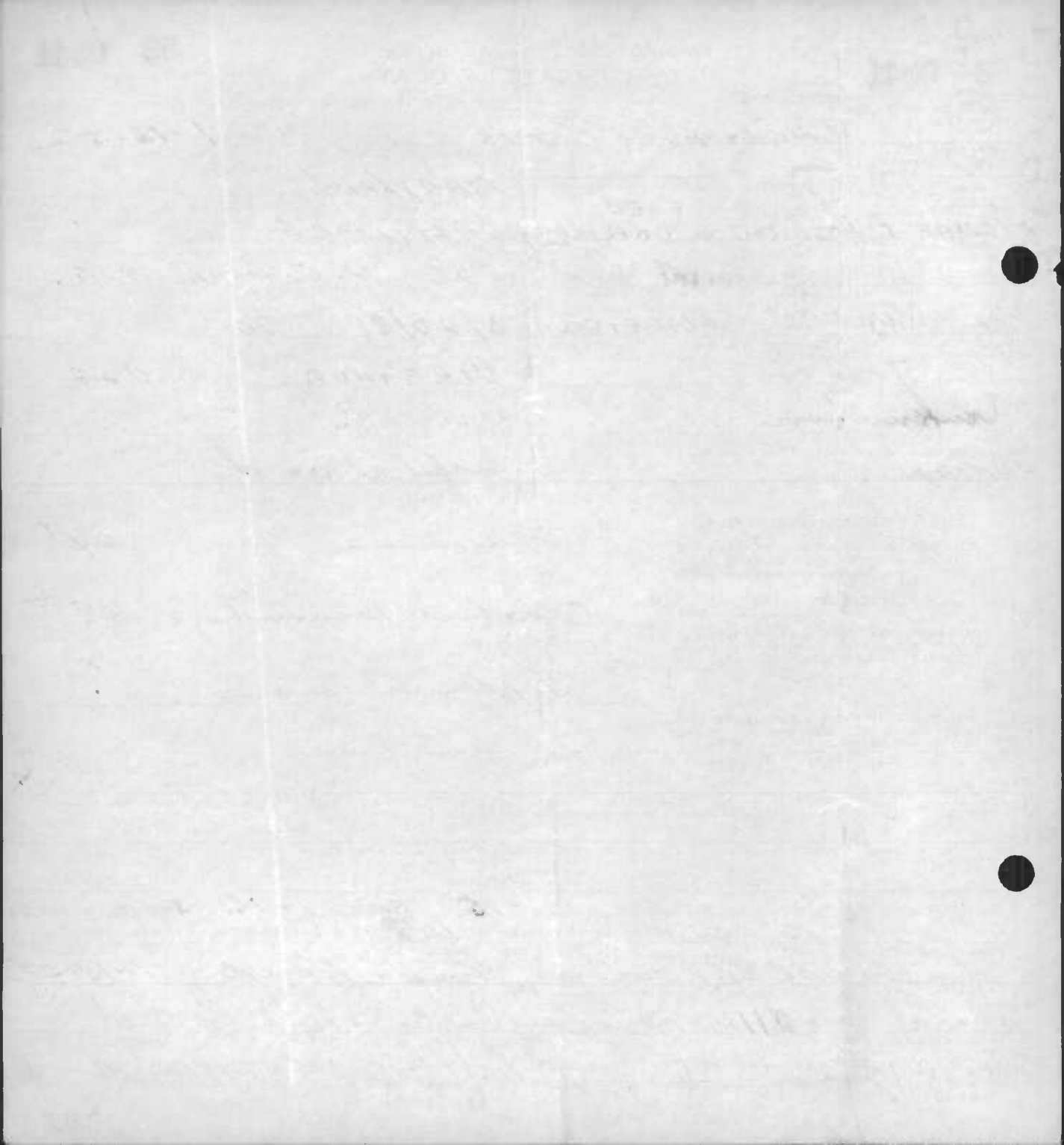
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-15-52**, to **1-16-52**, that I last saw the deceased alive on **1-16-52**, and that death occurred at **10:00 PM**, from the causes and on the date stated above.

23A. SIGNATURE **Lucas G. Ford** M.D. 23B. ADDRESS **Pratt - Hoop** 23C. DATE SIGNED **1-18-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Jan 21/1952** 24C. NAME OF CEMETERY OR CREMATORY **Int Calvary Cemetery** 24D. LOCATION (City, town, or county) (State) **A.A. Co. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **Jan 19 1952** REGISTERS SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR'S ADDRESS **1575 McElderry St**



350
52 0542BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0542

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary G. Mitten</i>		2. DATE OF DEATH <i>Jan. 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2309 Maryland ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>12-06</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) <i>2309 Maryland ave</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Aug. 17-1857</i>	
9. AGE (in years last birthday) <i>94</i>		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown Lynch</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Grace James Linticum Ind</i>		ADDRESS	

18. <i>443 x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Septic. Cardiac Vascul. disease</i> DUE TO <i>Cardiac insufficiency + decompensation</i> (B) <i>General. Arteriosclerosis (old age)</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 13, 1952* to *Jan 17, 1952*, that I last saw the deceased alive on *Jan 13, 1952*, and that death occurred at *7-12 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>BALTIMORE MD</i>	23B. ADDRESS <i>3100 W. Charles St</i>	23C. DATE SIGNED <i>1/18/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 19-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Ind</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. F. Beyer</i>	ADDRESS <i>1512 Hollins Ch Bald. 13 Ind 937</i>

NOV 1940

THE BOND

GOVERNMENT

WARRANT

— < —

CERTIFICATE CORRECTED FEB 15, 1952 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0543
Registered No. 0543

420
52 0543 50-05962

1. NAME OF DECEASED (Type or Print) *Carol Louise Gilliss*

2. DATE OF DEATH *1-18-52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Mercy Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

D. STREET ADDRESS (If rural, give location) *4613 Manordene Rd*

5. SEX *F* 6. COLOR OR RACE *W* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *S*

8. DATE OF BIRTH *MARCH 21-1950* 9. AGE (In years last birthday) *1* 10. Under 1 Year Months: *9* Days: *28* 11. Under 24 Hours Hours: *1* Min: *0*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Maryland* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *John Vernon Gilliss* 14. MOTHER'S MAIDEN NAME *Alma Geraldine Gilliss*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or, unknown) *No* 16. SOCIAL SECURITY NO. *None* 17. INFORMANT *J. Vernon Gilliss* ADDRESS *4613 Manordene Rd*

18. *057.0* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Adrenal hemorrhage* DUE TO *1 day*

(B) *Starvation Acidosis* DUE TO *6 days*

(C) *WATERHOUSE FRIDERICHSEN SYNDROME MENINGITIS (ETIOLOGY UNKNOWN)* (over)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-16*, 1952 to *1-18*, 1952, that I last saw the deceased alive on *1-18*, 1952 and that death occurred at *9:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Edward M. Lippa* 23B. ADDRESS *Mercy Hospital* 23C. DATE SIGNED *1-18-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *1-21-1952* 24C. NAME OF CEMETERY OR CREMATORY *Woodlawn* 24D. LOCATION (City, town, or county) (State) *Woodlawn, Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JAN 19 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *G. Howard Strong* ADDRESS *3207 W. North Ave.*

Autopsy findings

See Document File 52 0543

2/15/52

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 05441. NAME OF DECEASED
(Type or Print) Robert Lee Jones Jr2. DATE OF DEATH 1-18-523. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE md B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION 2407 Arundel AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BaltimoreLength of stay in Baltimore 50 yrsD. STREET ADDRESS (If rural, give location) 2407 Arundel Ave5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married8. DATE OF BIRTH Jan 19 1878 9. AGE (In years last birthday) 73 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Office Clerk10B. KIND OF BUSINESS OR INDUSTRY ?11. BIRTHPLACE (State or foreign country) South Carolina12. CITIZEN OF WHAT COUNTRY? U.S.13. FATHER'S NAME George Rose Jones14. MOTHER'S MAIDEN NAME Adeline Graham15. WAS DECEASED EVEN IN U. S. ARMED FORCES? (If yes, give war or date of service) None16. SOCIAL SECURITY NO. 218-18-8328 17. INFORMANT Rose L. Jones ADDRESS 2407 Arundel Ave

18. 443X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Cerebral Hemorrhage</u>	<u>7 days</u>
ANTECEDENT CAUSES	(B) <u>Cardio-vascular Hypertensive disease</u>	<u>6 yrs</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <u>disease</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952 to Jan. 18, 1952 that I last saw the deceased alive on Jan. 18, 1952 and that death occurred at 7 P. m., from the causes and on the date stated above.23A. SIGNATURE Thomas W. Todd M. D. 23B. ADDRESS 2108 St Paul St 23C. DATE SIGNED 1/19/5224A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 1-21-52 24C. NAME OF CEMETERY OR CREMATORY Upper Seneca Baptist Burial Home Md 24D. LOCATION (City, town, or county) (State)DATE RECEIVED BY LOCAL REGISTRAR JAN 19 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR 2407 Arundel Ave ADDRESS

100

100

100

52 0545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0545
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oscar Taylor

2. DATE
OF
DEATH

1-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Westminster

C. Length of stay in Baltimore

4 days

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

East Main street 5641

5. SEX

M.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 20, 1879

9. AGE (In years,

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Eye business

10B. KIND OF BUSINESS OR INDUSTRY

Eye business

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Randolph Taylor

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Woodrow Taylor Westminster, Md

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetic acidosis + arrhythmia fibrillation

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 14, 1952 to Jan 18, 1952, that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Laluch Bakhar

M. O.

Maryland General Hospital Jan 18 '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 21, 1952

Carrollton Churchyard

Carrollton, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 20 1952

Huntington Williams, M.D.

L. Virgil Moore Son Denton, Md.

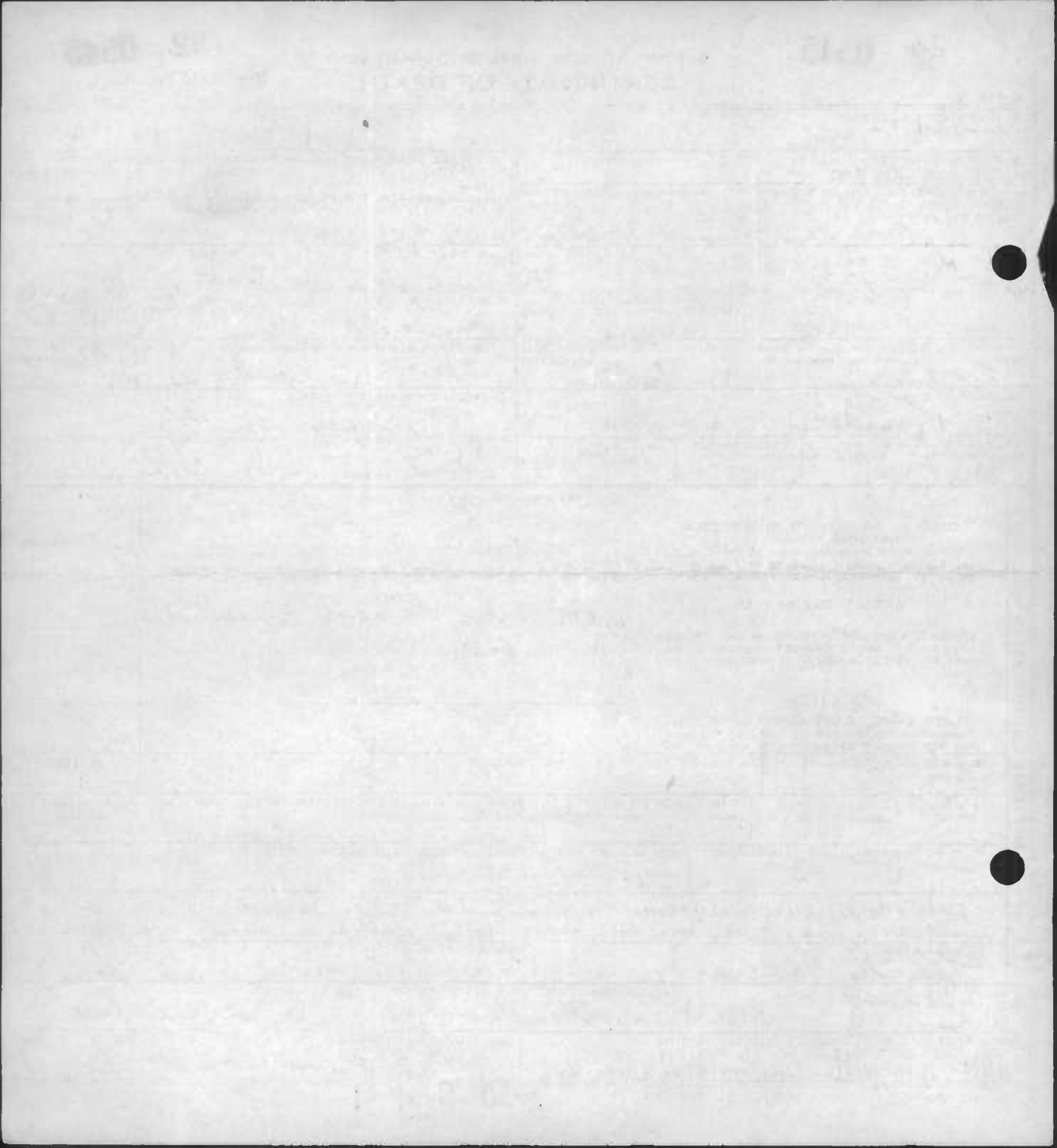
VS 150

2906A

61

correct age is especially important. Physicians: please print the causes of death clearly on

MEDICAL CERTIFICATION



52 0546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0546

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH UNGER

2. DATE
OF
DEATH

JAN. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE - 15

27-18

D. STREET ADDRESS (If rural, give location)

4029 LEWISTON AVENUE

Length of stay in Baltimore

45 YRS.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mechel Unger

14. MOTHER'S MAIDEN NAME

Hinda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Unger - 2420 E. Balto. St.

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

6 DAYS

DUE TO

HYPERTENSIVE AND ARTERIOSCLEROTIC

ANTECEDENT CAUSES

(B) CARDIO-VASCULAR DISEASE

DUE TO

DIABETES MELLITUS

4 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from JAN. 14, 1952, to JAN. 18, 1952, that I last saw the
deceased alive on JAN. 18, 1952, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

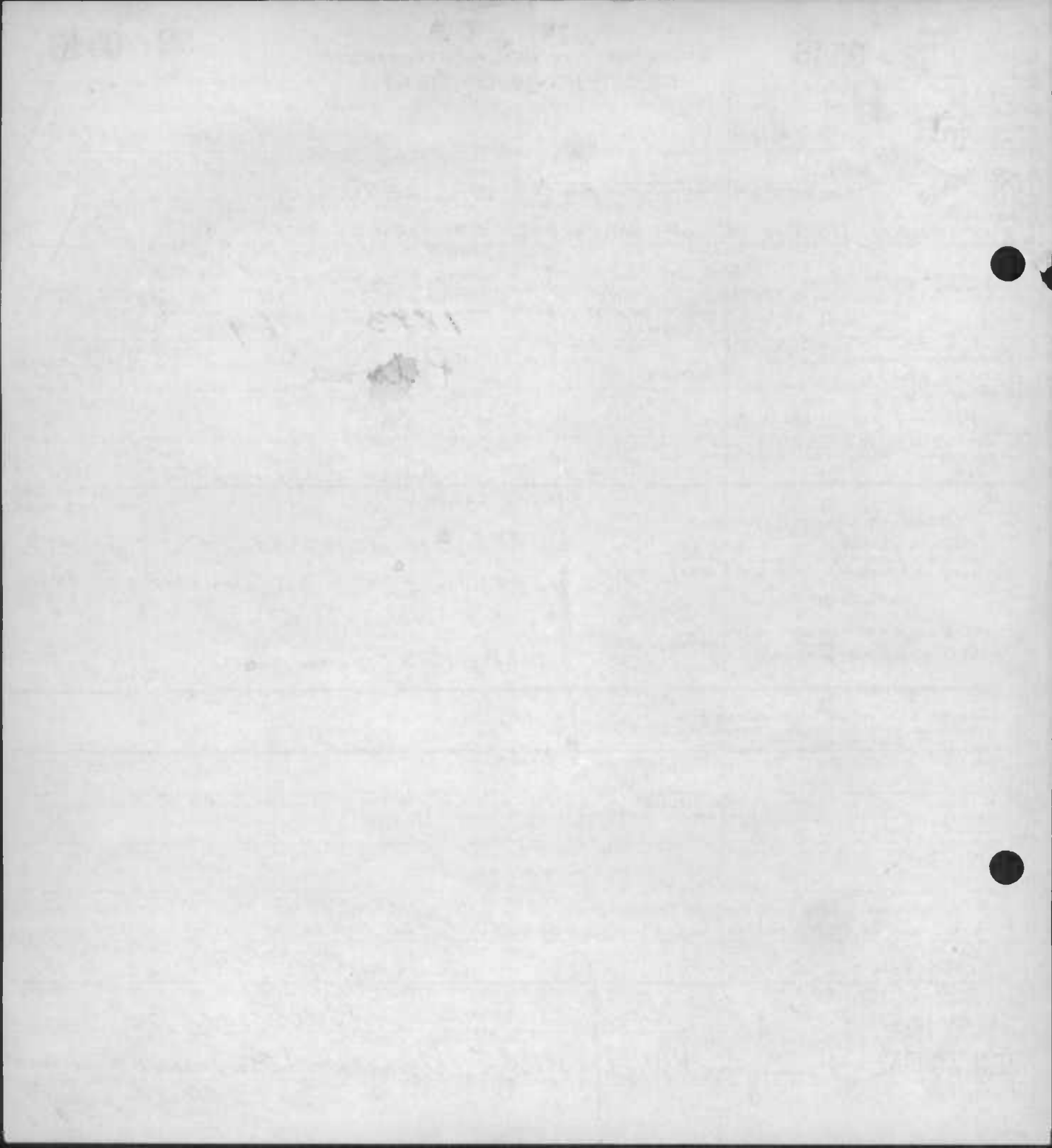
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 20 1952

Huntington Williams, M.D. Sol. Levinson & Bros - 1124-26 W.
North Avenue



52 0547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0547

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Katten

2. DATE
OF
DEATH

Jan. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4203 Springdale Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-02

D. STREET ADDRESS (If rural, give location)

4203 Springdale Ave.

C. Length of stay in Baltimore

50 years

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 8, 1881

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days

6

9

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Loeb Friedenthal

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Lou Friedenthal - Marlborough St.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio
Vascular diseaseAbout
30 yearsOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 19, 1920, to 1/17/1952 that I last saw the deceased alive on 1/17/1952 and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Theodore H. Morrison

M. D.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

1/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan 20, 1952 Baltimore Hebrew

Belair Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 20 1952

Huntington Williams, M.D.

David R. Martin 1905 Entaw



52 0548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0548
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALLEN GORDON

2. DATE
OF
DEATH

1/18/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7900 - 7 mile Lane

8. DATE OF BIRTH

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTH PLACE (State or foreign country)

Balto - Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

CURRAN (M)

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charlotte Gordon - Same

18. E 902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHA. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

FRACTURE OF FRONTAL BONE

2d.

DUE TO

E. EXTRAVASATION

2d

FRACTURED NOSE

(B)

INTRA + EXTRA RENAL

2d.?

DUE TO

HEMORRHAGE

RT. RUPTURE OF RENAL PELVIS 2d.?

RETROPERITONEAL HEMORRHAGE 2d.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PNEUMONOPHROSIS RT. RENAL HEMORRHAGE 4 Mos

19A. DATE OF OPERATION

1/18/52

19B. MAJOR FINDINGS OF OPERATION

PNEUMONOPHROSIS RT. RENAL HEMORRHAGE

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

7 MI. LANE & MIDFIELD RD.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1 17 52 8:00 PM

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

FALL IN BATHROOM HEAD RT. SIDE

22. I hereby certify that I attended the deceased from 1/17 1952 to 1/18 1952, that I last saw the
deceased alive on 1/18 1952, and that death occurred at 11:42 PM, from the causes and on the date stated above.

23A. SIGNATURE

Malcolm E. Rinken

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

1/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-20-52

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewin

ADDRESS

2100 Eutaw Pl

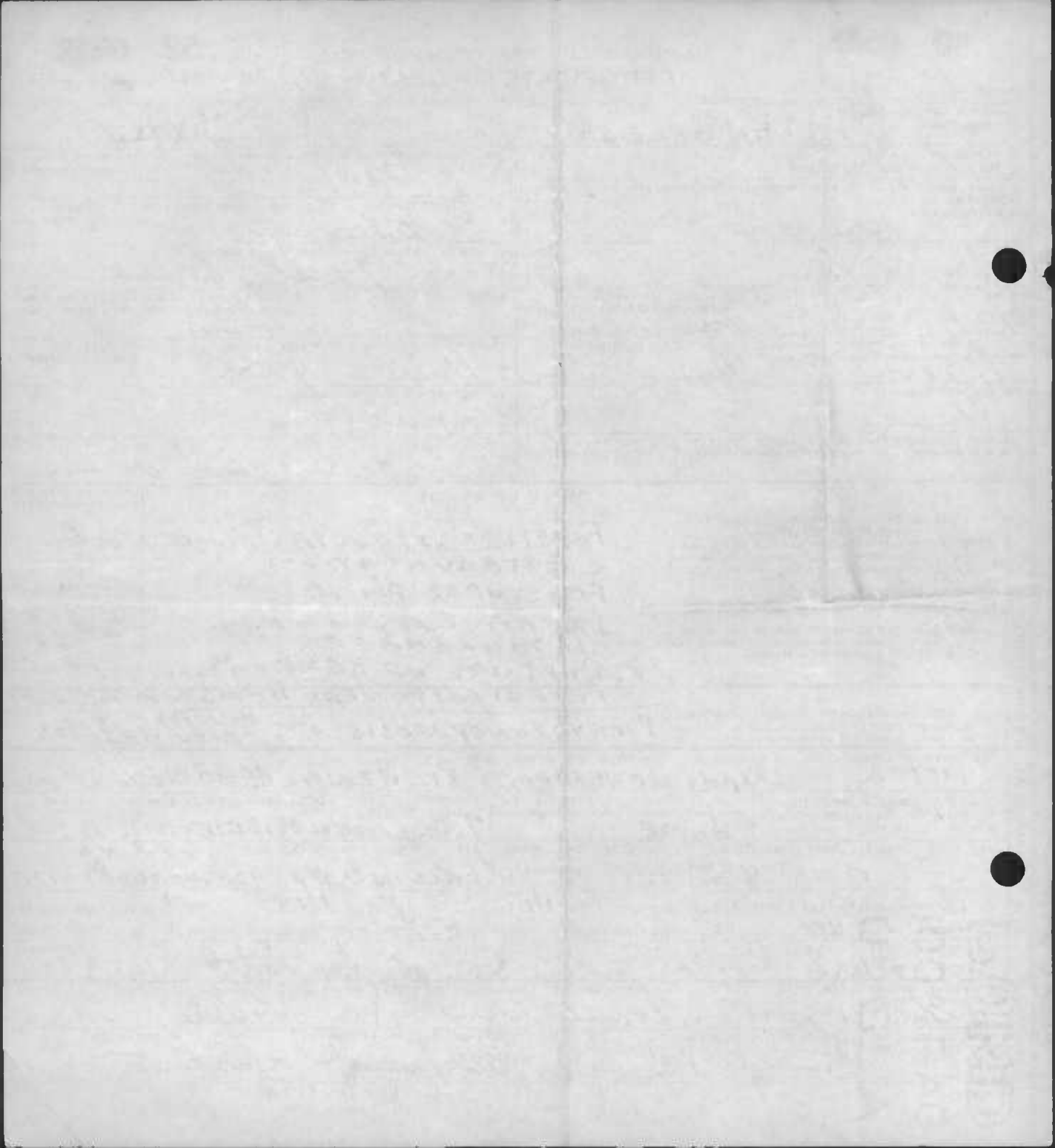
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186a

MEDICAL CERTIFICATION



400
52 0549BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0549
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA T. POWELL

2. DATE
OF
DEATH

1/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MORRIS Hosp

C. Length of stay in Baltimore

18

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

BALTO

C. CITY OR TOWN

Baltimore Md. 7-03

D. STREET ADDRESS (If rural, give location)

1308 E 33rd St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct 14 1868

9. AGE (in years,
last birthday)

84

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Coloni

14. MOTHER'S MAIDEN NAME

Barbara Wiegell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Virginia Pacinza

ADDRESS

1308 E. 33rd St.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular accident

14 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive + Arteriosclerotic disease 15 yrs.

DUE TO

(C)

arteriosclerosis + similar

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1952 to Jan 18, 1952 that I last saw the
deceased alive on Jan 18, 1952 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

F. R. Perilla

23B. ADDRESS

Merry Hosp

23C. DATE SIGNED

Jan 18 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-21-1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 20 1952

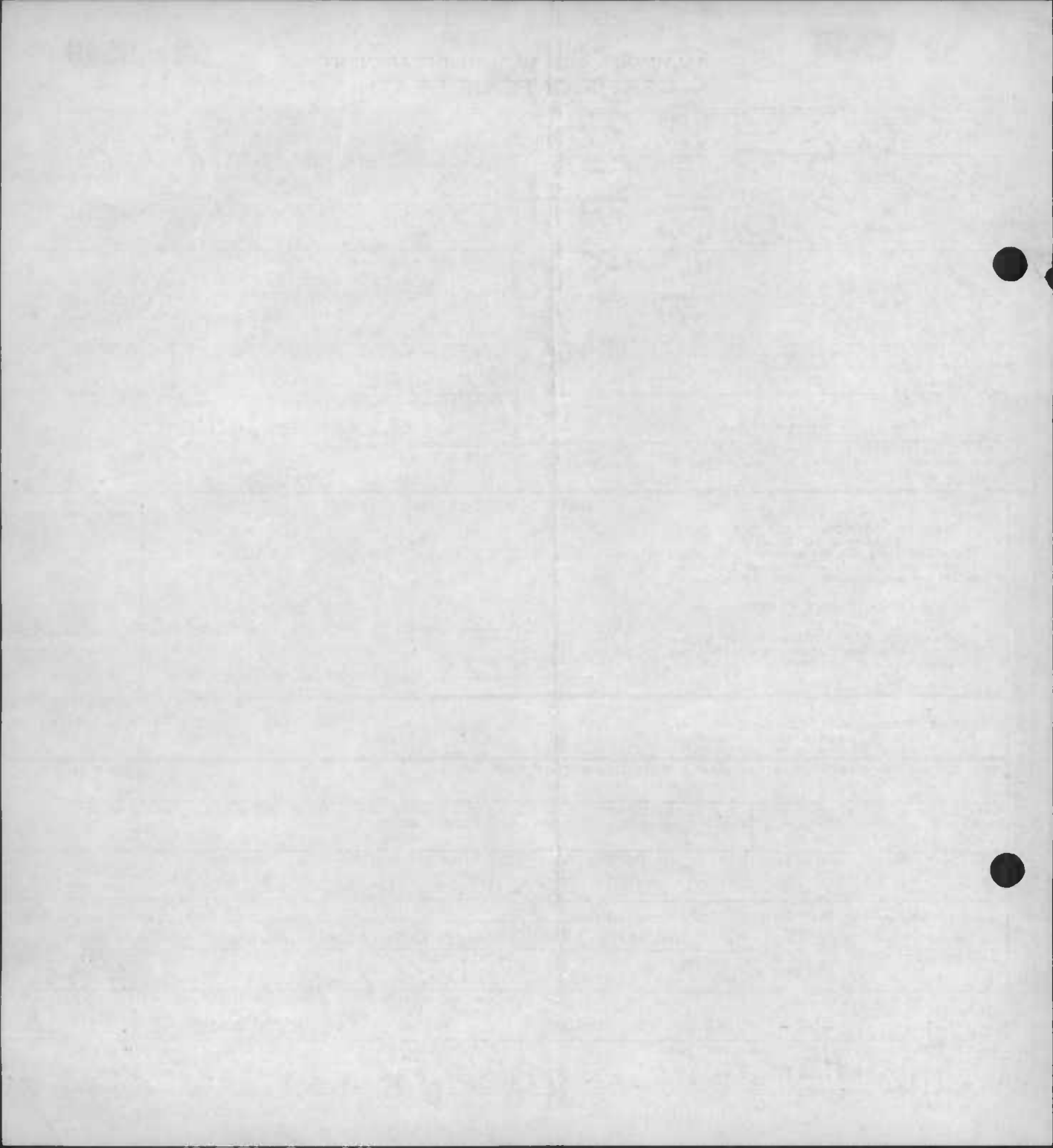
REGISTRAR'S SIGNATURE

Huntington Williams, M.D. John P. Moran

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.



52 0550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0550

Registered No.

BIRTH NO. 52-00767

1. NAME OF DECEASED (Type or Print) VICKIE JEANNE MOENIUS			2. DATE OF DEATH JAN. 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALT MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-05		
D. STREET ADDRESS (If rural, give location) 3110 NORTHERN PARKWAY			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 2, 1952	9. AGE (in years last birthday) 1 DAY	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10B. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN EDWARD MOENIUS			14. MOTHER'S MAIDEN NAME ELEANOR JEANNE WRAY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. —		
17. INFORMANT MOTHER			ADDRESS SAME		

18. 76251 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Atel. basis, bilateral DUE TO (A) Atel. basis, bilateral		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity - 2' 12 1/2" DUE TO (B) Prematurity - 2' 12 1/2"		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **JAN. 2, 1952** to **JAN. 3, 1952**, that I last saw the deceased alive on **JAN. 3, 1952**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Miriam S. Daly** M.D. **Lutheran Hosp. of Md.** 23B. ADDRESS **—** 23C. DATE SIGNED **Jan. 4, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE **JAN 8 1952** 24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **BALTIMORE, MARYLAND**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 20 1952** VS 150 REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Commissioner of Health** ADDRESS **—**

MEDICAL CERTIFICATION

159

1000 52



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. 51-30922

52 0551

1. NAME OF DECEASED (Type or Print) <u>Baby Girl</u>		2. DATE OF DEATH <u>1-2-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balt</u> <u>10-01</u>	
D. STREET ADDRESS (If rural, give location) <u>1014 Aisquith St</u>		E. LENGTH OF STAY IN BALTIMORE <u>2</u> Yrs. <u>2</u> Mos. <u>2</u> Days	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-31-51</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>2</u> If Under 1 Year Months: Days: Min.
13. FATHER'S NAME <u>Clinton Jerome Allen</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mother</u>		ADDRESS	

<p>18. <u>76.5</u> <u>I</u> CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>(A) <u>Pneumonia</u></p> <p>DUE TO</p> <p>(B) <u>Secondary atelectasis</u></p> <p>DUE TO</p> <p>(C) _____</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>_____</p>
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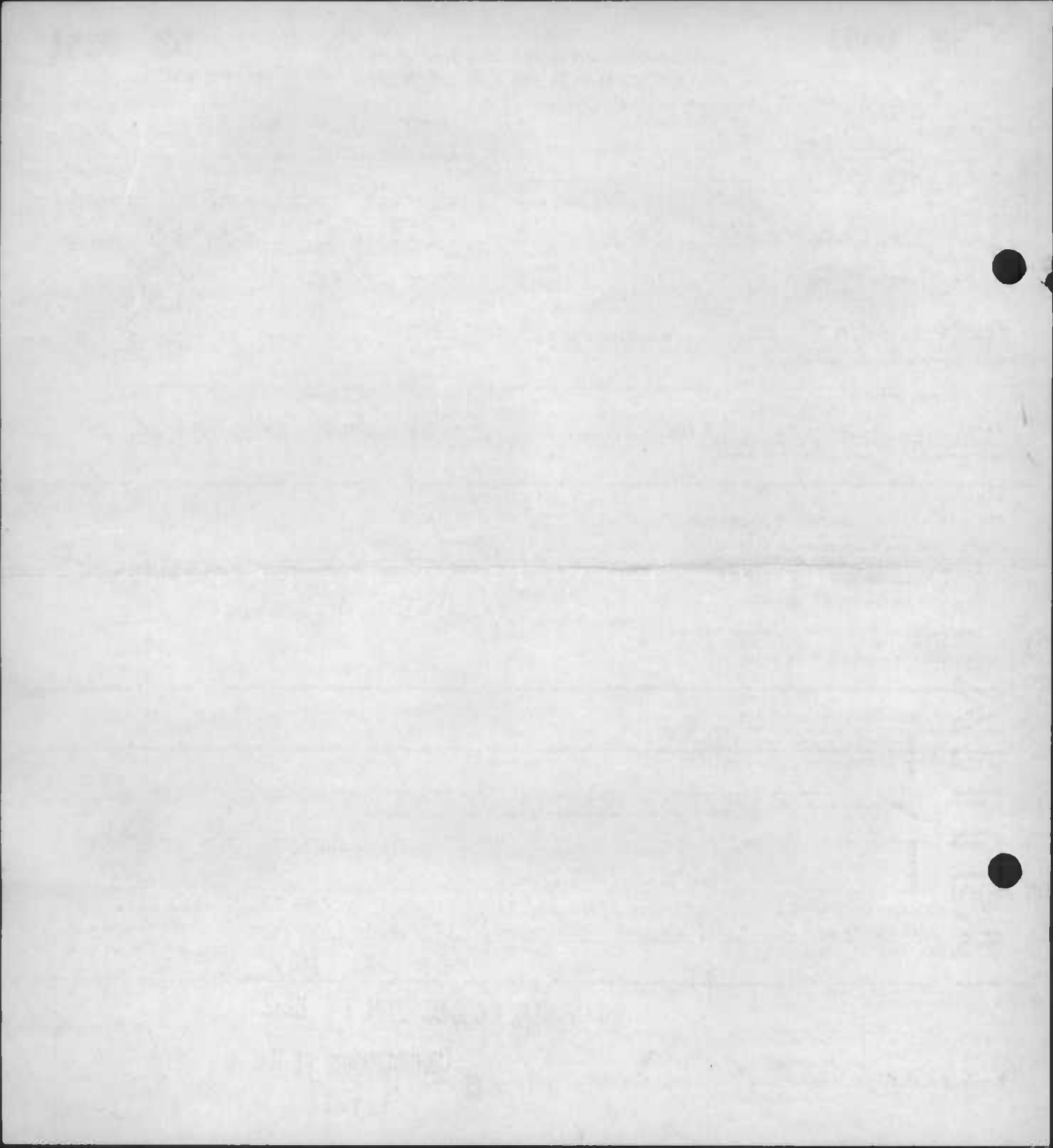
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12/31/1951, to 1-2-1952, that I last saw the deceased alive on 1/2/1952 and that death occurred at 10:15 PM, from the causes and on the date stated above.

23A. SIGNATURE <u>[Signature]</u>	23B. ADDRESS <u>1422 E. Chas St</u>	23C. DATE SIGNED <u>1/4/52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 20 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Commissioner of Health</u>	ADDRESS
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correct age is especially important. Physicians: please write the causes of death clearly and fully.

520
52 0552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0552
Registered No.

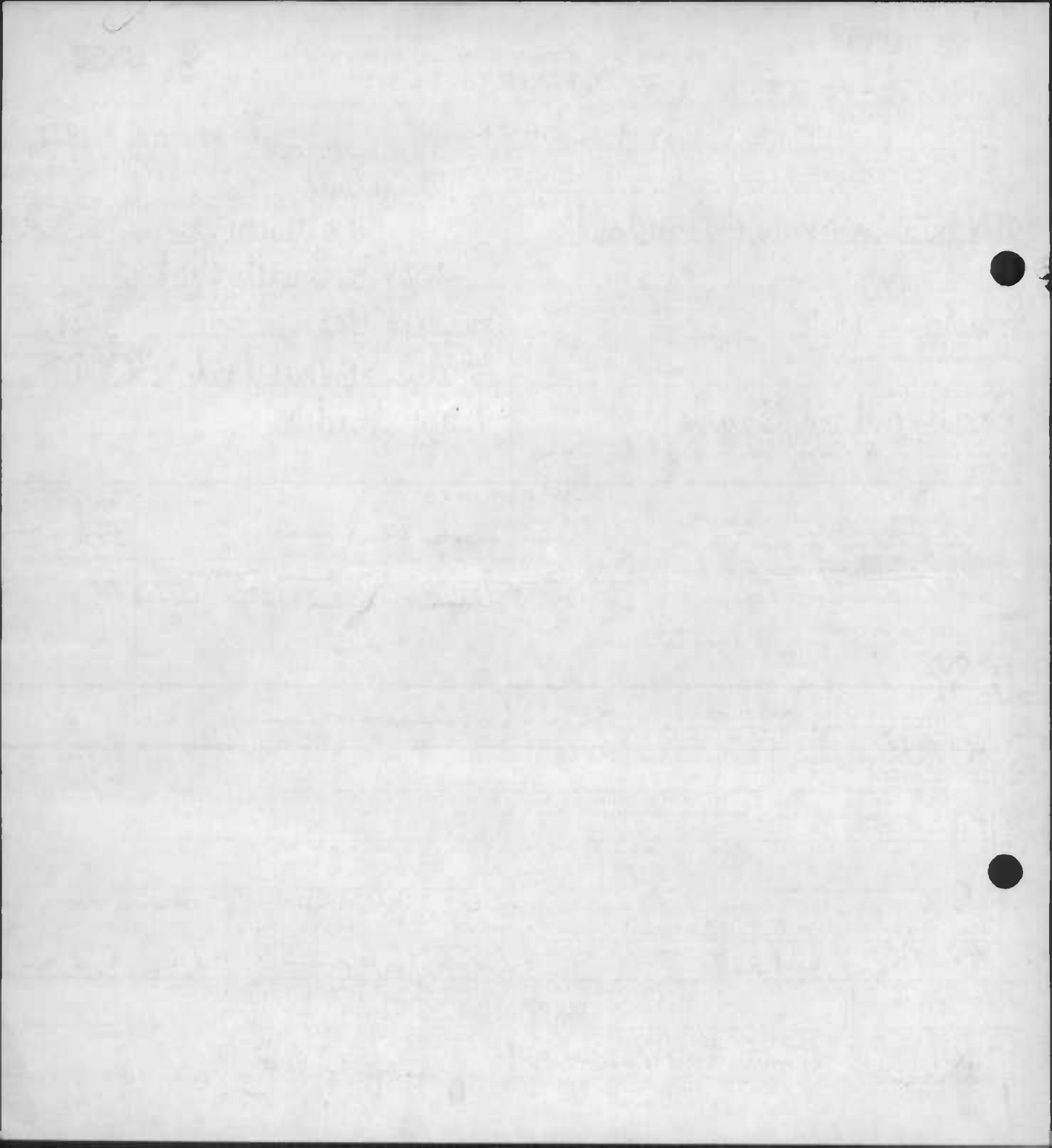
BIRTH NO. 52-00209

1. NAME OF DECEASED (Type or Print) Baby Girl SHANK			2. DATE OF DEATH January 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland			C. CITY OR TOWN Baltimore - 24 6-A		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2334 E. Gayette Street		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	10. DATE OF BIRTH January 6, 1952		11. AGE (in years last birthday) 1 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Millard Shank			14. MOTHER'S MAIDEN NAME Mary Shastek		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS		

18. 754.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac failure (A) Congenital cardiac disease & interatrial septal defect DUE TO (B) - DUE TO (C) - ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 34h 7min
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 6, 1952 to Jan 8, 1952 , that I last saw the deceased alive on Jan 8, 1952 , and that death occurred at 5:01 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. King Lehart		23B. ADDRESS Hosp. for Women of Md.		23C. DATE SIGNED 1/9/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) JAN 14 1952		(State)	
DATE RECEIVED BY LOCAL REGISTRAR JAN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS			



52 0553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0553
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Susan Grinnell Denny*2. DATE
OF
DEATH*Jan-18-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2429 Calverton Hgts. Ave.*B. FULL NAME OF HOSPITAL OR INSTITUTION
at home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore City*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City 16-05

D. STREET ADDRESS (If rural, give location)

2429 Calverton Heights Avenue

length of stay in Baltimore

*50*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept-22-1859

9. AGE (In years last birthday)

92

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

John A. W. Powell

11. BIRTHPLACE (State or foreign country)

Easton, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Susan G. Spooner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

*Mrs. Hugh H. Jones, Jr. (daughter) Balto. Md.*18. *334X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebral apoplexy*
DUE TO*45 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *arterio-sclerosis & senility*
DUE TO*?*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*died in coma**40 hours*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Dec. 7, 1951*, to *Jan. 18, 1952*, that I last saw the deceased alive on *Jan. 17, 1952* and that death occurred at *1:00 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Maurice E. Shamen**3300 W. North Ave**Jan. 18, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**Jan-21-1952**Lorraine Cemetery**Woodlawn, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JAN 20 1952**Huntington Williams, M.D. Stewart & Mowen Co., 108 W. North Ave.*

VS 150

0552

City #1. 83a

correct age is especially important. Physicians: please write the cause of death clearly and briefly.

Centurus holosericeus
Centurus apicalis

Centurus in cornu

Centurus 3344 in North car
Jan 17 1882
Kearney 1884
Jan 17 1882

52 0554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0554
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3600 Rosedale

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
at home

Length of stay in Baltimore

64 yrs.

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
none

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15411D. STREET ADDRESS (If rural, give location)
3600 Rosedale Rd.

8. DATE OF BIRTH

Feb 11/1867

9. AGE (In years last birthday)

84

11 Under 1 Year

11 Under 24 Hours

11. BIRTHPLACE (State or foreign country)

York Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Sarah Shaeffer

17. INFORMANT

ADDRESS

Miss Van Saniker - 3600 Rosedale

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

myocardial insufficiency

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis

15 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Jan. 17, 1952, that I last saw the deceased alive on Jan. 17, 1952, and that death occurred at 12.54 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 20 1952

Huntington Williams

25. FUNERAL DIRECTOR
Address
Baltimore

210
52 0555

52 0555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSA JACOBY (MRS. JULIUS)

2. DATE
OF
DEATH

1-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-10

D. STREET ADDRESS (If rural, give location)

3912 BELLE AVE.

E. Length of stay in Baltimore

58 Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9-23-63

9. AGE (In years;
last birthday)

88

If Under 1 Year
Months: Days: Hours: Min.

4 26

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

NATHAN HERSTEIN

14. MOTHER'S MAIDEN NAME

AMELIA EMERICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

David Stromberg

ADDRESS

Same

18. 4221 and E9020

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-
vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of Hip - left.

1 week

19A. DATE OF OPERATION
1-12-52

19B. MAJOR FINDINGS OF OPERATION

INTERTRICANTERIC FRACTURE OF LEFT FEMUR

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3912 BELLE AVE, BALTO. 15

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURYJAN 11 52 11¹⁵ a.m.21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell getting out of BATHTUB.

22. I hereby certify that I attended the deceased from 1-11-52, 1952, to 1-18, 1952, that I last saw the
deceased alive on 1-18, 1952, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence Troner M. O.

23B. ADDRESS

Union Memorial

23C. DATE SIGNED
1-18-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 29 1952

24C. NAME OF CEMETERY OR CREMATORY

Bald Hebrew Cemetery Balto Md

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

David R. Martin 1902 Eastman

ADDRESS

place

52 0556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0556

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dr. Thomas H. Phillips</i>			2. DATE OF DEATH <i>Jan 18, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1520 Rumblewood Rd</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Riviera Beach</i>		
C. Length of stay in Baltimore <i>45</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Wanda Road</i> <i>E200</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 22, 1876</i>		9. AGE (In years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Physician</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Medical</i>		11. BIRTHPLACE (State or foreign country) <i>Delaware</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>George W. Phillips</i>		
14. MOTHER'S MAIDEN NAME <i>Unknown</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Luzetta E. Muth</i> ADDRESS <i>1520 Rumblewood Rd</i>		

18. <i>4/20</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Complete heart block</i> DUE TO (B) <i>Coronary occlusion - myocardial infarction</i> DUE TO (C) <i>Arteriosclerotic cardiovascular disease</i> ? INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>4 days</i>
--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 15, 1952* to *Jan 18, 1952*, that I last saw the deceased alive on *Jan 18, 1952*, and that death occurred at *8:10 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *E. Allan Smith* M. D. *4408 Lock Lane Blvd* 23B. ADDRESS *19 Jan 52* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Bethel Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Bethel Delaware</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Huntington Williams, Jr.</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR <i>John F. Goufel</i>	ADDRESS <i>5311 Edmondson Ave.</i>

JAN 20 1952

927

MEDICAL CERTIFICATION

TO THE EDITOR OF THE JOURNAL OF THE AMERICAN CHEMICAL SOCIETY
FROM THE DEPARTMENT OF CHEMISTRY, UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS
DEAR SIR:
I have the honor to acknowledge the receipt of your letter of the 10th inst.
and in reply to inform you that the same has been forwarded to the
proper authorities for their consideration. I am, Sir, very respectfully,
Yours very truly,
[Signature]

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
CHICAGO, ILLINOIS
[Faint, mirrored text from the reverse side of the page is visible through the paper, including the words "VALLEY", "SOURCES", "GROUND", and "FOOT".]

52 0557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0557

BIRTH NO. 52-01030

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Gordon</i>		2. DATE OF DEATH <i>Jan 12, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>MD.</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-13</i>	
d. STREET ADDRESS (If rural, give location) <i>4235 Riverstown Rd.</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>		8. DATE OF BIRTH <i>Jan 11-52</i>	
9. AGE (In years last birthday) <i>2</i>		10. UNDER 1 Year <i>2</i> Days <i>2</i> Hours <i>2</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Charles Gordon</i>		14. MOTHER'S MAIDEN NAME <i>Estelle Irene Friedman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurely</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan 11, 1952*, 1952, and that I last saw the deceased alive on *Jan 12, 1952* and that death occurred at *5:20* m., from the causes and on the date stated above.

23A. SIGNATURE *Mike Mathur* M.D. 23B. ADDRESS *University Ave* 23C. DATE SIGNED *Jan 12, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY *JOHN HOPKINS MEDICAL SCHOOL* 24D. LOCATION (City, town, or county) (State) *JAN 18 1952*

DATE RECEIVED BY *JAN 20 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Commissioner of Health* ADDRESS

Garrett Dean

52 0558

52 0558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Baby Girl East*

2. DATE

OF
DEATH*1-15-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*University Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7 N. Carey St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/10/51

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

1 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James East

14. MOTHER'S MAIDEN NAME

Virginia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

James East

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

*Pneumonitis**6 days**Prematurity*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Prematurity**36 days*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-10*, 19*51*, to *1-15*, 19*52*, that I last saw the deceased alive on *1-15*, 19*52*, and that death occurred at *6:45 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JAN 18 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*JAN 20 1952**Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE
OFFICE OF THE MARITIME COMMISSIONER

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
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Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

Maritime Commission
Washington, D. C.

52 0559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0559
Registered No.

BIRTH NO. 52-01611

1. NAME OF DECEASED
(Type or Print)

GIERSCHE, BABY GIRL

2. DATE
OF
DEATH

1/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1

D. STREET ADDRESS (If rural, give location)

1403 WILSON PT RD

Length of stay in Baltimore

1
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1/3/52

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

19 47

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

WILLIAM GIERSCHE

14. MOTHER'S MAIDEN NAME

MARIA DASCHUK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CHURCH HOME - HOSPITAL

18.

761.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) EDEMA OF LARYNX
DUE TO

ANTECEDENT CAUSES

(B) BREECH PRESENTATION
DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 1/3/52, 1952, to 1/4/52, 1952, that I last saw the deceased alive on 1/4/52, 1952 and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23. SIGNATURE

Dorene P. Pendergast

M. D.

23. ADDRESS

Church Home & Hosp Balt 31 MD 4 Jan 52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL

JAN 7 1952

DATE RECEIVED BY REGISTRAR'S SIGNATURE

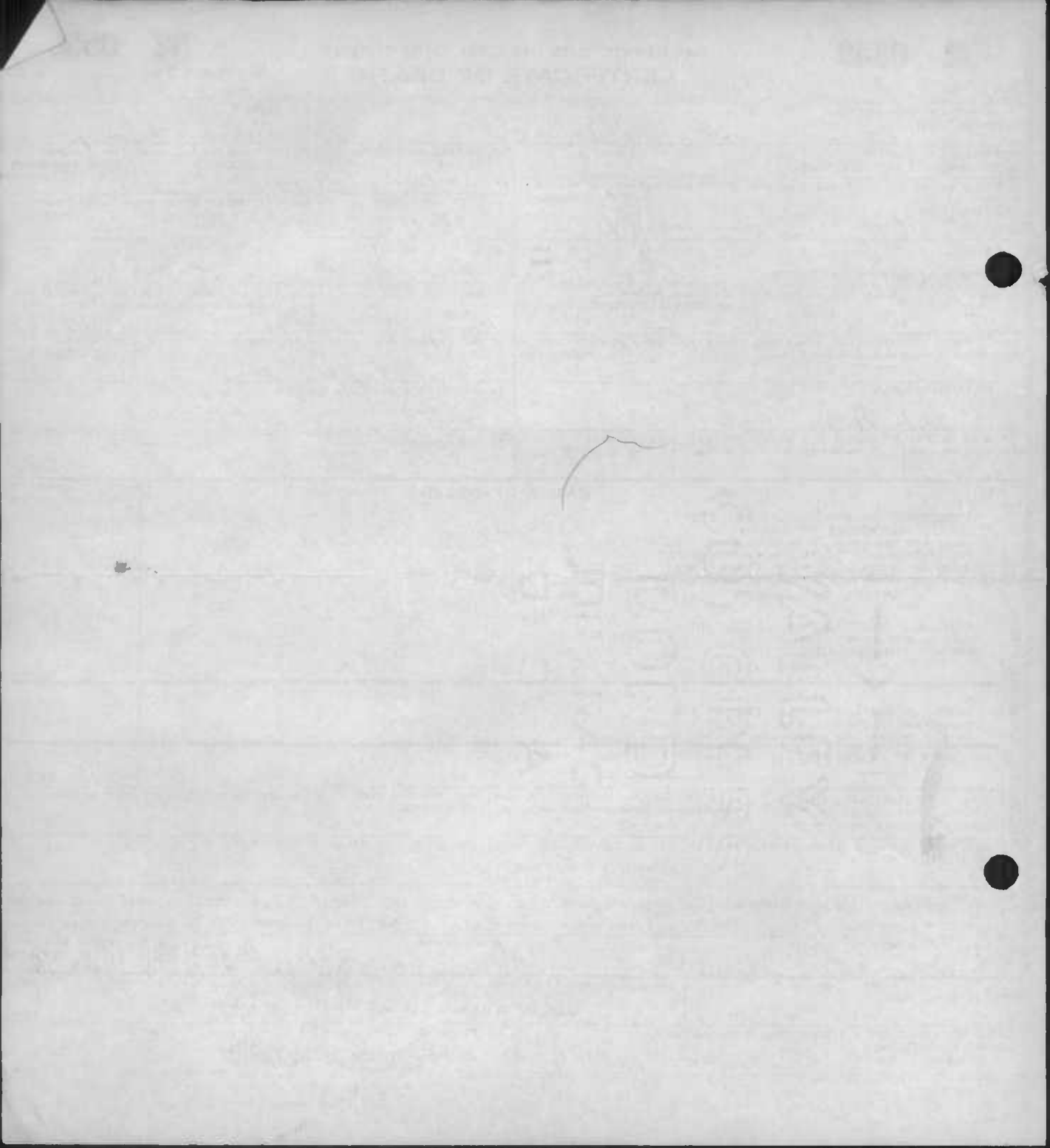
JAN 20 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2 Commissioner of Health

ADDRESS



52 0560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0560

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J.T. Howard (James Thomas Howard)

2. DATE
OF
DEATH

1/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONGood Samaritan Home
27 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville

Length of stay in Baltimore

1 week

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Waver Road 5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 11, 1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

millworker

10B. KIND OF BUSINESS OR
INDUSTRY

Cotton dust mls

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Howard

14. MOTHER'S MAIDEN NAME

Katherine Kelley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mrs. Edith Howard

ADDRESS

Cockeysville, Md

18. 1/20/52 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Intarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis of the coronary Ar.

(C)

Gen. Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Undernourishment

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1/14/1954 to 1/20/1954, that I last saw the
deceased alive on 1/14/1954 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Wainburga

M. D.

23B. ADDRESS

912 Broth Lane

23C. DATE SIGNED

1/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-22-52

24C. NAME OF CEMETERY OR CREMATORY

Copley Meth

24D. LOCATION (City, town, or county)

Cockeysville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph M. Brooks, Spauld, Md

JAN 21 1952

VS 150

94a

MEDICAL CERTIFICATION

200
52 0561BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0561
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RODGER F. BEACH		2. DATE OF DEATH January 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-42	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2914 Hollins Ferry Road	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1927
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Deisel Motor		10B. KIND OF BUSINESS OR INDUSTRY U. S. Govt.	9. AGE (In years last birthday) 24
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Walter F. Beach		14. MOTHER'S MAIDEN NAME Gladys E. Hudson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W. W. 2		16. SOCIAL SECURITY NO.	
17. INFORMANT Mitzi M. Beach, 2914 Hollins Ferry Road		ADDRESS	

18. F816.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture XXXXX	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Compound comminuted fracture of right lower leg XXXXX	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Jan. 18, 1952 6:19 P. m.	19B. MAJOR FINDINGS OF OPERATION Auto and truck collision	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ritchie Highway & Ordinance Steeple Rd.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 18, 1952 6:19 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Auto and truck collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Jan. 19, 1952
---------------------------------------	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 1-22-52	24C. NAME OF CEMETERY OR CREMATORY Green Haven	24D. LOCATION (City, town, or county) (State) D. C. Md
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR W. C. Walters	ADDRESS 1700
--	---	--	------------------------

VS 151
N-84.2
54491-3517
Frederick Ave ✓

666
52 0562BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0562
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adele H. Drury

2. DATE
OF
DEATH

Jan. 17-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

346 S. Loudon Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-08

D. STREET ADDRESS (If rural, give location)

346 S. Loudon Ave

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Feb. 12, 1870

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chief Matron

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Jail

11. BIRTHPLACE (State or foreign country)

Annapolis Md

12. CITIZEN OF WHAT COUNTRY?

3. FATHER'S NAME

John H. Wagner

14. MOTHER'S MAIDEN NAME

2.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Enoch Drury-7706 Hurley

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia Hypostatic terminal

DUE TO Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis & Hypertension

(C) 2 years

10/18/51

2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1918, 1951, to 1/17, 1952, that I last saw the deceased alive on 1/17, 1952, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Eliot W. Johnson

23B. ADDRESS

38320 Underkume

23C. DATE SIGNED

1/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-21-52

24C. NAME OF CEMETERY OR CREMATORY

St. Anne

24D. LOCATION (City, town, or county)

Annapolis Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Bayford Rd

VS 150

1 5 5 2 0 5 0 1
764 93

83a

Dr. Johnson

52 0563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0563

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Magdalena Mach

2. DATE
OF
DEATH

Jan. 17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2205 Duker Ct.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

1-04

D. STREET ADDRESS (If rural, give location)

2205 Duker Ct.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 2 1893

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Borgula

14. MOTHER'S MAIDEN NAME

Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Adam Mach 2205 Duker Ct.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial
DUE TO

Apr 24 1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio-sclerosis
DUE TO
(C)

1951

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1951, to Jan 17, 1952, that I last saw the
deceased alive on Dec 28, 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

M. D.

3426 Bard St

23C. DATE SIGNED

Jan 18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 22/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Roly Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1952

Huntington Williams, M.D.

Fred W. Ozaszuski

1930 Eastern Ave

937

[Faint, mostly illegible text covering the majority of the page, appearing to be a document or report.]

52 0564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0564

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE

CAMPBELL

2. DATE
OF
DEATH

January 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

774 W. Cross Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

White

Widow

2

77

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Edward Cassaway

14. MOTHER'S MAIDEN NAME

Alice Tayler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lottie McCauly, 1112 Ridgely Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

~~MYOINF~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarct

~~MYOINF~~

(C) Pericardial hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

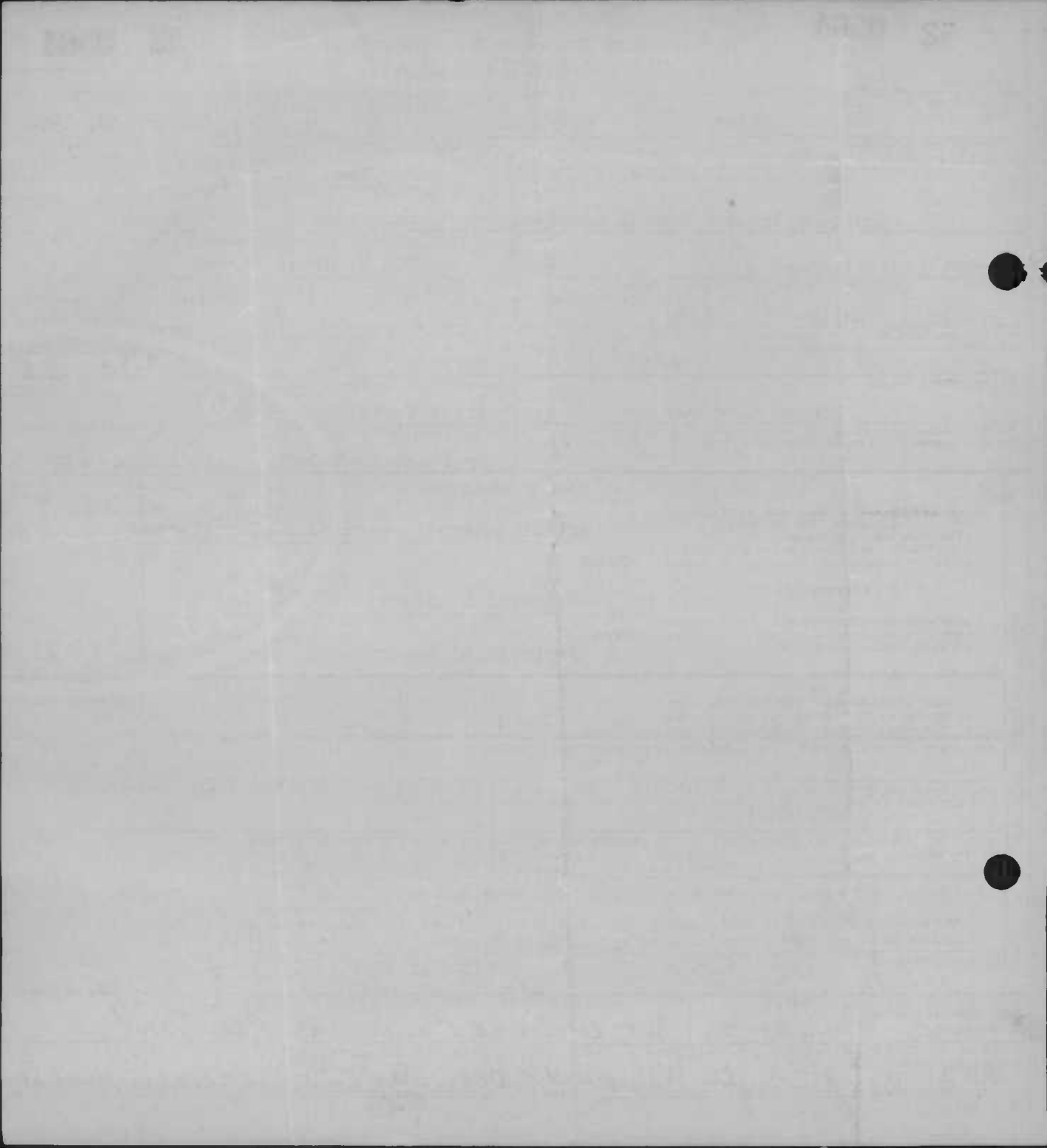
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1952

Huntington Williams, M.D. Bernard E. Harle 131 E West St



52 0565

52 0565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET F. YENTNER

2. DATE
OF
DEATH

1/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1215 CARROLL ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO 21-02

Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1215 CARROLL ST

5. SEX

F

6. COLOR OR RACE

WHT

7. SINGLE, MARRIED,
WIDOWER, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

3/17/1866

9. AGE (In years
last birthday)

85

If Under 1 Year
Months Days

10 2

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

✓

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN GEISER

14. MOTHER'S MAIDEN NAME

M. WESSELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 334X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1952, to 1/19, 1952, that I last saw the
deceased alive on 1/19, 1952, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

15

24B. DATE

1/22/52

24C. NAME OF CEMETERY OR CREMATORY

LOUSON PK CEMETERY

24D. LOCATION (City, town, or county)

FRED AVE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO. H. LEIMBACH

ADDRESS

3255 LYNCHBURST

VS 150

52000564

830 ST

THE UNIVERSITY OF CHICAGO
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52 0566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0566

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert L. Kirby</i>			2. DATE OF DEATH <i>1-20-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24-02</i>		
7. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) <i>305 East Hamburg</i>		
9. SEX <i>Male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	12. DATE OF BIRTH <i>August 13, 1885</i>		13. AGE (In years last birthday) <i>67</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		15. KIND OF BUSINESS OR INDUSTRY <i>None</i>		16. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
17. FATHER'S NAME <i>James Kirby</i>			18. MOTHER'S MAIDEN NAME		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			20. SOCIAL SECURITY NO.		
21. INFORMANT ADDRESS <i>Mrs. Wilbur Paulsen</i>			22. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		

18. *493X and E 903.0*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Pneumonia ?

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Fracture, Right Femur

(B) DUE TO

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

William H. Paulsen M.D.
CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

30 days

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

*None**None*

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

own backyard

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

at his home in the backyard

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

December 21, 1951 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slept and fell on snow

22. I hereby certify that I attended the deceased from *December 21, 1951*, to *Jan. 20, 1952*, that I last saw the deceased alive on *Jan. 20, 1952*, and that death occurred at *12:28 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M.D.

*SOUTH BALTO. GEN. HOS.**1-20-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Buried**Jan. 20-52**Methodist Cem.**Alhemia Va.*

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JAN 21 1952**Huntington Williams, M.D.**Stewart, Mowen Co. 108 W. North Ave*

Officer Insley.
off Thomas Insley
83. Radio

52 0567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0567
Registered No.

BIRTH NO.

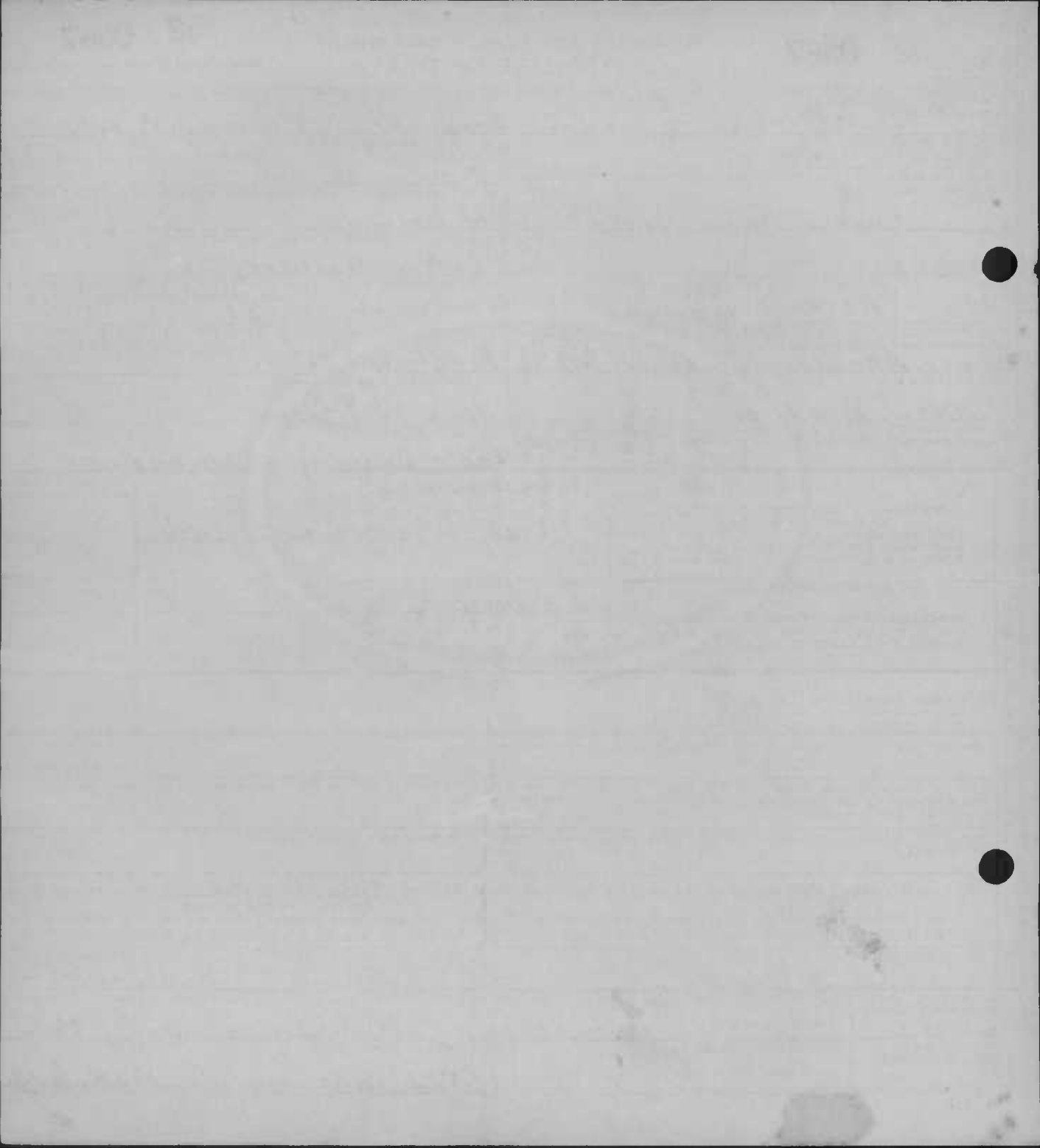
1. NAME OF DECEASED (Type or Print) <u>Lonnie B. Grice f Lonnie Bradberry</u>			2. DATE OF DEATH <u>Jan 19, 1952</u> (Where deceased lived. If institution: residence before admission)		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE <u>Md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Square Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>20-01</u>		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>1849 W. Mulberry St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-15-20</u>		9. AGE (in years last birthday) <u>31</u> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Attendant Commercial Parking</u>			11. BIRTHPLACE (State or foreign country) <u>Kinston - N. C.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Eddie Bradberry</u>			14. MOTHER'S MAIDEN NAME <u>Nora Whitfield</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Eddie Bradberry - 411 Harlem Ave.</u>		

18. <u>4201</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CORONARY ARTEROSCLEROSIS WITH</u> DUE TO <u>OCCLUSION</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>CORONARY ARTEROSCLEROSIS WITH</u> DUE TO (B) <u>OCCLUSION</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William H. [Signature]</u>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <u>Jan 20 1952</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>1-23-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Memorial Pk.</u>
24D. LOCATION (City, town, or county) (State) <u>Balto. Co. Md.</u>	24E. REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR ADDRESS <u>Chas. E. [Signature] R. Law - 802 Mad. Ave.</u>



52 0568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0568

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY NORRIS

2. DATE
OF
DEATH

January 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

Length of stay in Baltimore

35 yrs

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

Male

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Canning Factory

13. FATHER'S NAME

John W. Norris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

War. I.

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1894

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Penna

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emma Watson

17. INFORMANT

ADDRESS

Edith Savage. 1703 Harlem AVE.

18. E8124

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Orleans and Eden Streets

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1/17/52 11:55 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M. D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
1/18/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 22, 1952 Balto. National

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Balto.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James A. Hayes. 638 N. Gilmer St.

VS 151

N-808.2

97042

170c

MEDICAL CERTIFICATION

correct age is especially important. If physicians, please write the cause of death.

12003 12003 12003



52 0569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0569
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles William Ritter</i>		2. DATE OF DEATH <i>Jan. 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Surq - Bui 3</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Va.</i> B. COUNTY <i>V-42</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Winchester</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Rt. 1, a</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-14-77</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant (rtd)</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dry Goods (own)</i>	9. AGE (In years last birthday) <i>74</i>
11. BIRTHPLACE (State or foreign country) <i>Va</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James W. Ritter</i>		14. MOTHER'S MAIDEN NAME <i>Susan Cornwell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. *446 X and 140 X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Nephrosclerosis - renal insufficiency*
DUE TO
(B) *Generalized atherosclerosis*
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

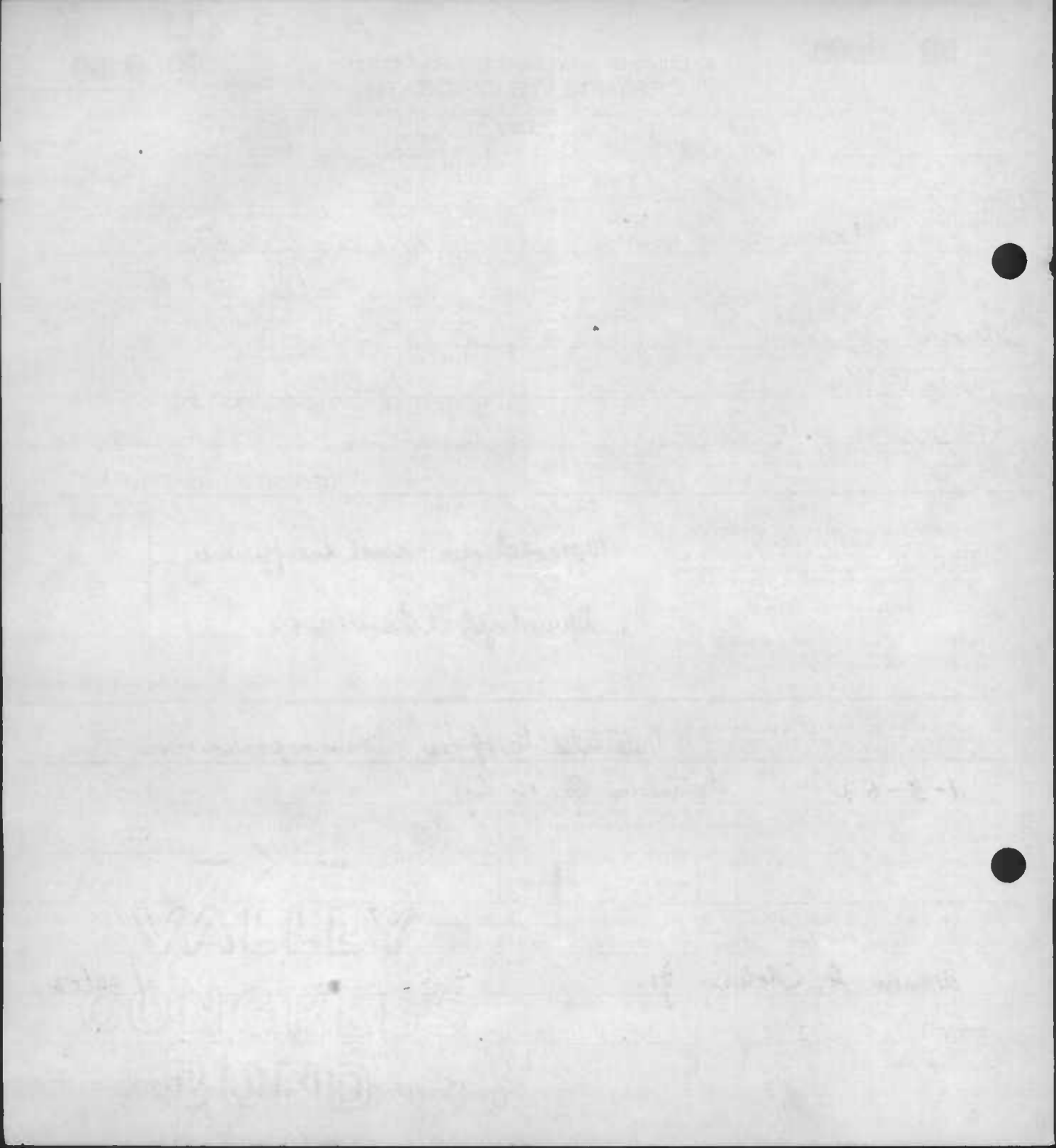
Metastatic Ca of lip; Bronchopneumonia

19A. DATE OF OPERATION <i>1-3-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Metastatic Ca of lip</i>		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-2-*, 19*52* to *1-20-*, 19*52*, that I last saw the deceased alive on *1-20-*, 19*52*, and that death occurred at *8:25* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Walter A. Cloherty Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>1/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>1/21/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Hebron Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Winchester, Va.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Winchester, Va.</i>		24F. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR
ADDRESS



140
52 0570BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0570
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Elsie L. Shipley

2. DATE
OF
DEATH

January 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3728 Old Frederick Road

Yrs.
Mos.
Days

Length of stay in Baltimore 60 years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3728 Old Frederick Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 12, 1882

9. AGE (in years
last birthday)

69

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Shirt Factory

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Lewis Harman

14. MOTHER'S MAIDEN NAME

Mahalia Grass

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-07-4650

17. INFORMANT

Mrs. Phyllis H. Rohe 3728 Frederick Road

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOcerebral hemorrhage
first attack3 days
1950.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...

antennae released

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1952 to 1/21, 1952, that I last saw the
deceased alive on 1/20, 1952 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Meadow Branch

24D. LOCATION (City, town, or county)

Carroll Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

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MEDICAL CERTIFICATION

52 0572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0572
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard S. Granger

2. DATE
OF
DEATH

January 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2605 Maisel Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

768 W. Hamburg Street

21-01

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 27, 1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer - Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

National Lead Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Granger

HEADLINE (4)

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Vincent Volrath, 2605 Maisel Street

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pulmonary Tuberculosis

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Atherosclerosis C.V.D.

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

10. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan - 5, 1951, to Jan 18, 1951 that I last saw the
deceased alive on Jan 17, 1951, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/21/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

9703C

1212

426
AB-155022BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0573
Registered No.

BIRTH NO. 52 0573

1. NAME OF DECEASED (Type or Print) Bernice Gallagher (Blanche Gallagher)			2. DATE OF DEATH Jan. 17-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 25 days?			D. STREET ADDRESS (If rural, give location) 2114 Edmondson Ave. 16-05-		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 29, 1875	9. AGE (In years last birthday) 76	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John C. Perry			14. MOTHER'S MAIDEN NAME Indiana Guy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) Far advanced carcinomatosis DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Unknown
---	---	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-23-1951 to 1-17-1952, that I last saw the deceased alive on 1-17-1952, and that death occurred at 3:30 PM, from the causes and on the date stated above.					
23A. SIGNATURE J. L. Rogers		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 1-17-1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 1/21/52	24C. NAME OF CEMETERY OR CREMATORY National Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street

52 0574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

0574

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR FISHER

2. DATE
OF
DEATH

January 18, 1952

3. PLACE OF DEATH:

A. Baltimore, City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1616 Eutaw Place

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 29, 1902

9. AGE (In years last birthday)

49

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Koppers Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George W. Fisher

Piston Rings (A)

14. MOTHER'S MAIDEN NAME

Susan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maude E. Fisher, 1616 Eutaw Place

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 1/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/21/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. Cook, Inc.

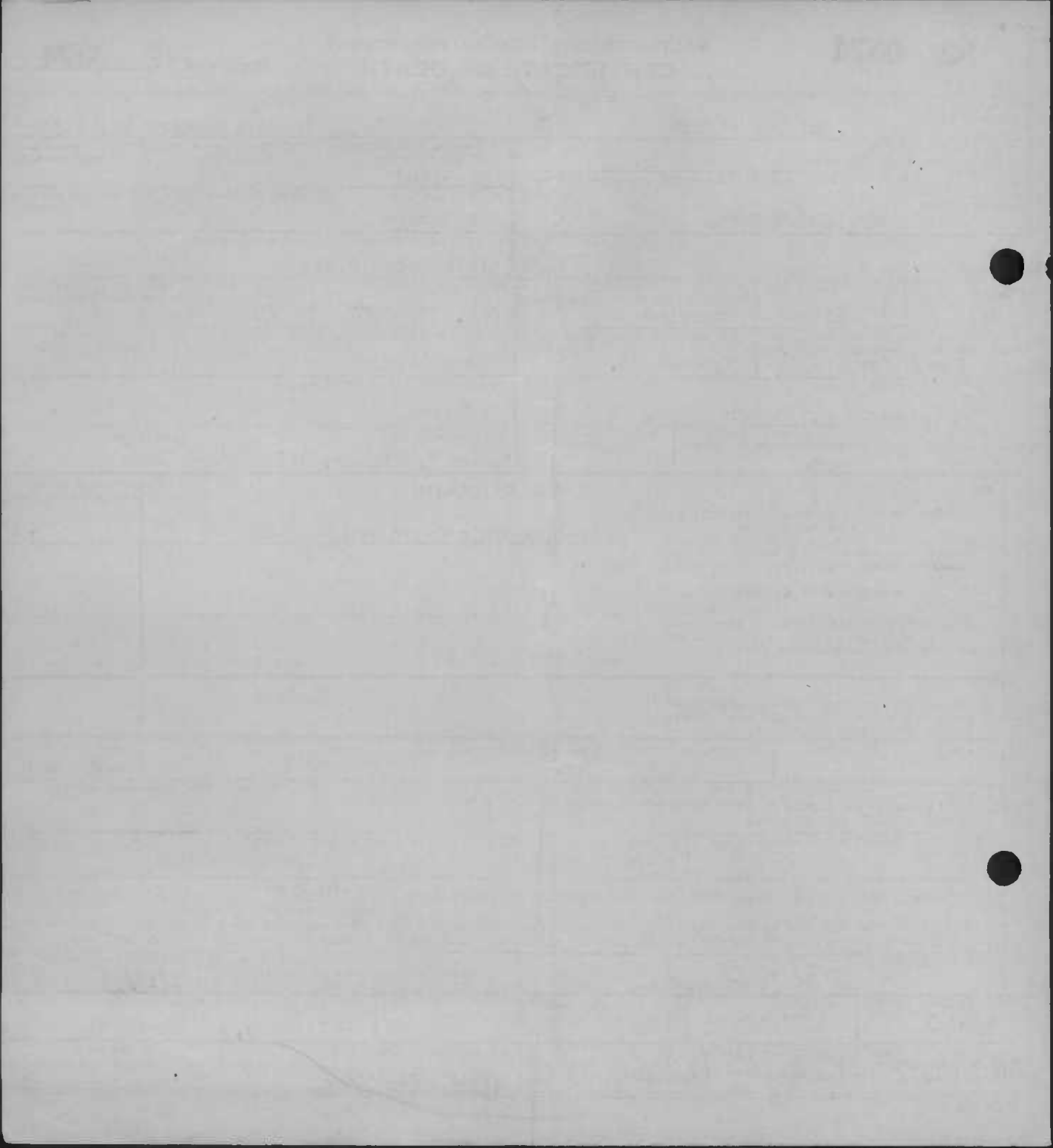
ADDRESS

1217 St. Paul Street

VS 151

5103L

47c ✓



524

52 0575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0575

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen M. Amse

2. DATE
OF
DEATH

JAN 20 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1951 PERLMAN PLACE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

13. FATHER'S NAME

Edward McManamin

14. MOTHER'S MAIDEN NAME

Helen Trainor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

4 yrs +

immediate

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Recent cerebrovascular accident.

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17-1952 to 1-20-1952 that I last saw the
deceased alive on 1-20-1952 and that death occurred at 4:10 PM from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Lott

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)
(State)

Burial

1/23/52

U. S. National

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1952

Huntington Halliwell M.D.

Wm Cook Inc. 1217 St. Paul st

VS 150

94a

MEDICAL CERTIFICATION

Page 1
Page 2
Page 3

Recent myocardial infarct
a few days
prior to his admission
Thompson and co

Post myocardial infarct

11/2/52

Charles H. Johnston

514 52 0576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0576
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORMAN M. CAMPBELL

2. DATE
OF
DEATH

1/18/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

603 Harding Place

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

603 Harding Place 13-06

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 28, 1892

9. AGE (in years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Julia M. Campbell 603 Harding Place

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Insufficiency

DUE TO

(C)

1 1/2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-3, 1949, to 2-18, 1952, that I last saw the deceased alive on 1-18, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Norman M. Campbell

M. D.

23b. ADDRESS

846 W. 36th St.

23c. DATE SIGNED

1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1/21/52

24c. NAME OF CEMETERY OR CREMATORY

Deer Park

24d. LOCATION (City, town, or county)

Westminster, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 21 1952

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Shewmon 3615-17 Chestnut Ave.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.



400 52 0577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0577
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eugene Ruhl</i>		2. DATE OF DEATH <i>1-19-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Moody Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-03-</i>			
c. Length of stay in Baltimore <i>49</i>		D. STREET ADDRESS (If rural, give location) <i>6511 Rosemont Ave</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>12-3-01</i>	9. AGE (In years, last birthday) <i>50</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Arm. & Const. Industry</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>William Ruhl</i>		14. MOTHER'S MAIDEN NAME <i>Frances Bruch</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>215-09-2915</i>		17. INFORMANT ADDRESS <i>Health Records</i>	
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertension</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos</i> <i>?</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-17</i> , 19 <i>51</i> , to <i>1-19</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1-14</i> , 19 <i>52</i> , and that death occurred at <i>11</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. R. Dulaney</i>		23B. ADDRESS <i>Moody Hosp</i>		23C. DATE SIGNED <i>1-19-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Funeral Home 7401 Belair Rd.</i>			

MEDICAL CERTIFICATION

JAN 21 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

510 24
83a

145-52 0578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0578
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARGARET KOPPELMAN

2. DATE
OF
DEATH

1/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #626-02

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

3000 Frankford Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 24, 1884

9. AGE (In years,
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Buckwald

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Son

ADDRESS

Same

18. 420 1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Mesenteric Thrombosis

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Intra Ventricular Thrombus

2 weeks

(C) DUE TO

Myocardial Infarction

3 weeks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/13/52

19B. MAJOR FINDINGS OF OPERATION

mesenteric thrombosis small bowel

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30 1951 to 1/20 1952 that I last saw the
deceased alive on 1/20 1952, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W.B. Revere, Jr. M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

1/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/22/52

24C. NAME OF CEMETERY OR CREMATORY

Fairwood

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassaline Funeral Home

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

SIGNATURE OF REGISTRAR

DATE

TIME

BY

AT

IN

TO

BY

AT

IN

TO

430
52 0579BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0579
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Dunning Belt		2. DATE OF DEATH Jan. 20th. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2212 Mt. Holly Street		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2212 Mt. Holly Street		15-09	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 11th. 1892
9. AGE (In years last birthday) 60		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interviewer		10B. KIND OF BUSINESS OR INDUSTRY U.S. Employment Service	
11. BIRTHPLACE (State or foreign country) Baltimore Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME R. W. Dunning		14. MOTHER'S MAIDEN NAME Sarah Hartman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT John R. Belt		ADDRESS 2212 Mt. Holly St	

18. 170 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Carcinoma of breast DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 7 yrs +
19A. DATE OF OPERATION Jan 5, 1944	19B. MAJOR FINDINGS OF OPERATION Scarcious carc. with Node metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1933 to Jan 20, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 12.25 AM, from the causes and on the date stated above.

23A. SIGNATURE Grant Edward M. D. 23B. ADDRESS 15 E Biddle St 23C. DATE SIGNED Jan 21 '52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Jan. 22, 1952 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery 24D. LOCATION (City, town or county) (State) Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR E. W. Lamoreau ADDRESS 4510 Liberty Hgts Ave

1000

2

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62-3
52 0580BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0580

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Bright			2. DATE OF DEATH January 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1324 N. Calhoun St.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto. 15-01	
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1324 Calhoun St.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/9/09	9. AGE (In years last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			11. BIRTHPLACE (State or foreign country) Chas. Co. Va.	
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James Boulding			14. MOTHER'S MAIDEN NAME Laura Wheeler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none	
17. INFORMANT Fred Bright			ADDRESS 1324 N. Calhoun St.	

18. 174x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CARCINOMA of UTERUS DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 yr ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov 15, 1951, to Jan 18, 1952 that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE William Fier		23B. ADDRESS 1928 Penna Ave M. D.		23C. DATE SIGNED 1/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/23/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
				24D. LOCATION (City, town, or county) (State) Balto. Md.	

DATE RECEIVED BY JAN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.	
VS 150		7208A		Geo. G. Kelson 48B	

400
52 0581
CERTIFICATE CORRECTED 2/29/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

52 0581

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-25739

1. NAME OF DECEASED
(Type or Print)

EARL

SHELL

2. DATE
OF
DEATH

1-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

939 W. Mulberry St.

C. Length of stay in Baltimore

8 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4-19-51

9. AGE (In years
last birthday)Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

8

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jimmie Shell

14. MOTHER'S MAIDEN NAME

Lorie Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Jimmie Shell 939 W. Mulberry St.18. 019-2 1 002X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) military tuberculosis
DUE TO of lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH3 weeks
(over)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1952 to 1-17, 1952, that I last saw the
deceased alive on 1-17, 1952, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Amado Saez

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

1/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/21/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

322 N. Schroeder St.

Correction from Dr. Silverman, Director Bureau of Tuberculosis, BCHD

C.D. Report card File # 00188, dated Feb. 25, 1952

ES 2/29/52

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

1. NAME OF DECEASED
(Type or Print) **Elton Molock**

2. DATE OF DEATH
1-17-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Md.**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
308 N. Mount St.

Length of stay in Baltimore **Life**

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
July 2, 1950

9. AGE (In years, last birthday)
17

10. Under 1 Year Months: Days Hours: Min.
17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Elton Molock

14. MOTHER'S MAIDEN NAME
Gloria Dean Reddick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18. **EPP3.0**
I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Ingestion of lye**

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CERTIFICATION APPROVED BY**
Stanley K. Decker
M.D.

(C) **CHIEF CLINICAL MEDICAL EXAMINER**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
Jan. 12, 1952

19B. MAJOR FINDINGS OF OPERATION
Tracheomy

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **Accident**

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
at home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
808 N. Mount St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Jan. 11, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Ingestion of lye

22. I hereby certify that I attended the deceased from **1-11-52**, 19**52**, to **Jan. 17**, 19**52** that I last saw the deceased alive on **Jan. 17**, 19**52** and that death occurred at **10.25 PM** from the causes and on the date stated above.

23A. SIGNATURE
Ch. Crozer
M. D.

23B. ADDRESS
4940 Eastern Ave.

23C. DATE SIGNED
1-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
1/21/1952

24C. NAME OF CEMETERY OR CREMATORY
Mt. Auburn

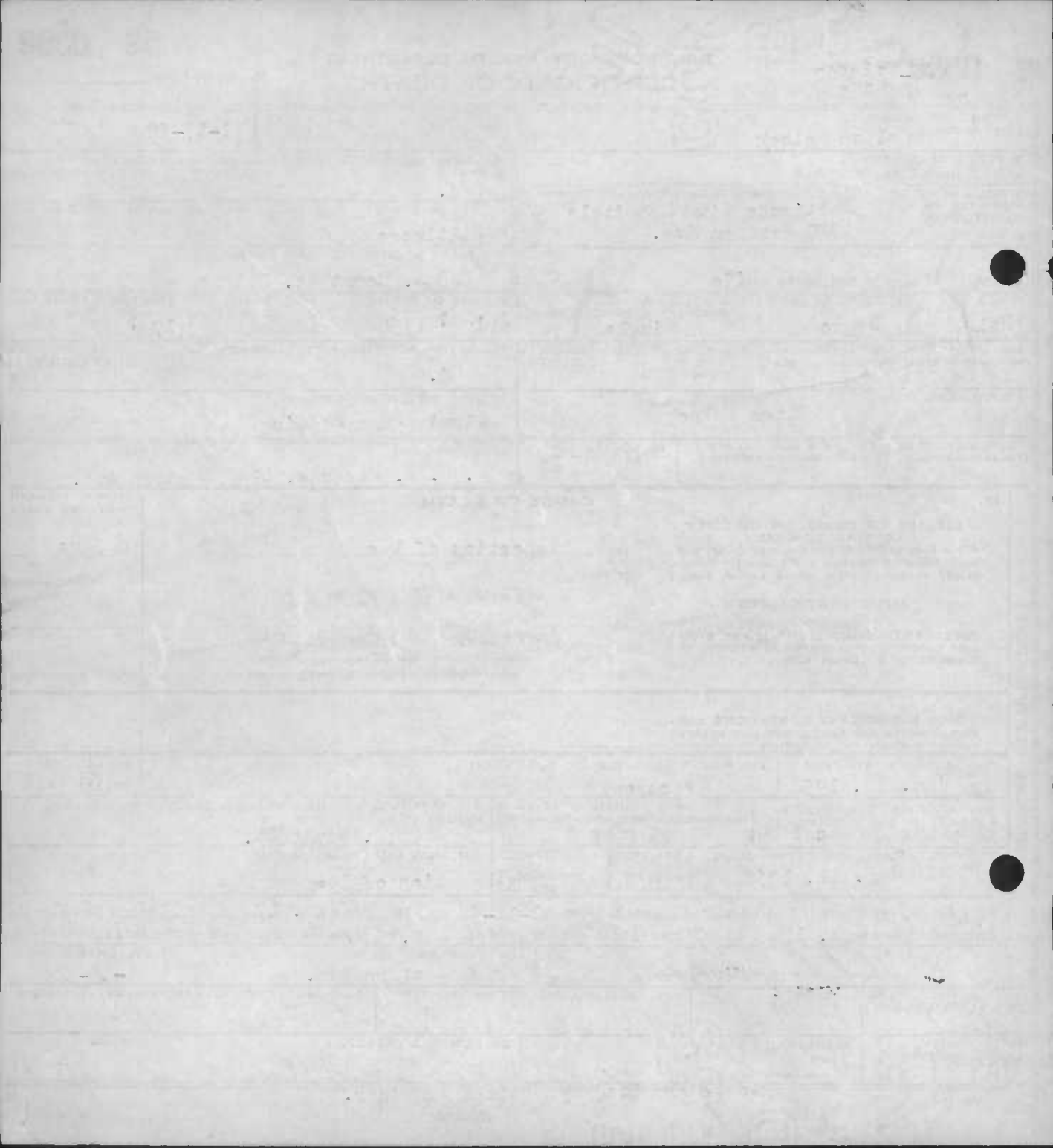
24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
JAN 21 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Mrs. Katie R. Williams

ADDRESS
322 N. Schroeder St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 0583**

240
52 0583
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM Basilios NIKOLOW Nikolau

2. DATE OF DEATH **January 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
506 N. Howard Street

Length of stay in Baltimore **45 years**

5. SEX **Male**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

9. AGE (In years last birthday) **70 -**
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manager

10B. KIND OF BUSINESS OR INDUSTRY
Hotel

11. BIRTHPLACE (State or foreign country)
Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Dimitrios

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Harry Nikolau 506 N. Howard St

18. **450.0 I** CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Generalized arteriosclerosis**

ANTECEDENT CAUSES

(B) **Myocardial failure**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Jan. 19, 1952

24A. BURIAL, CREMA-TION, REMOVAL (Specify)
Burial

24B. DATE
1-22-52

24C. NAME OF CEMETERY OR CREMATORY
Greek Cemetery Windsor Mill Rd.

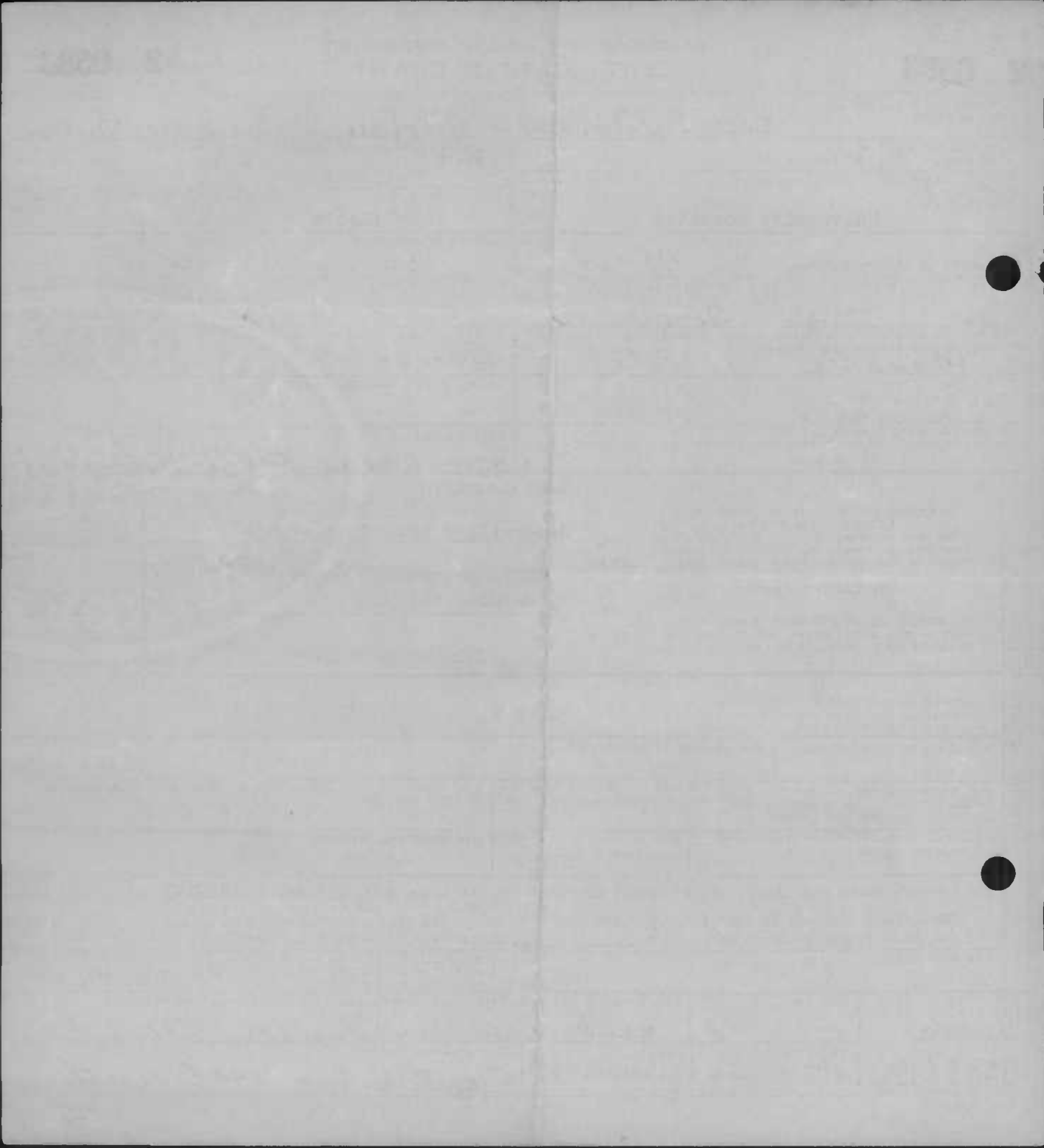
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
JAN 21 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS
Lambert Inc 440 E. North

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0584
Registered No. _____

1. NAME OF DECEASED (Type or Print) William W. Estep			2. DATE OF DEATH Jan 20 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4416 Groveland Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-41		
6. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4416 Groveland Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 27 1882	9. AGE (In years last birthday) 69	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Bartender	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME George M. Estep			14. MOTHER'S MAIDEN NAME Frances G. Bennett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Anne M. Estep 4416 Groveland Ave		

18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Sensitivity	CAUSE OF DEATH Coronary Thrombosis (A) DUE TO _____ (B) DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____
---	--

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Sept 1, 1951** to **Jan 20, 1952**, that I last saw the deceased alive on **Sept 20, 1952** and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 3033 W Korthland	23C. DATE SIGNED 1/24/52
--------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 24 1952	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Hamilton Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
		FUNERAL DIRECTOR ADDRESS 204 Ridgewood Ave	

3033

VERNEY

CHURCH

VERNEY

500
52 0585Venev
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0585
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

108-N. Poppleton St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of work done during most of working hours, if retired)

Housewife

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or if unknown)

No

16. SOCIAL SECURITY NO.

None

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

108-N. Poppleton St.

8. DATE OF BIRTH

9. AGE (in years last birthday)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 4-20-52

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-52 to 1-20-52, 1952, and that I last saw the deceased alive on 1-19-52, 1952 and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. O.

23B. ADDRESS

639 N. Carey

23C. DATE SIGNED

1-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-23-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Hefstead - 948 -

ADDRESS

Shred Hill Ave, 935

280

280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0586
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isabelle V. Knight

2. DATE
OF
DEATH

January 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2626 Aisquith St.

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

June 18 - 1882

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wife.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward L. Burkmar

14. MOTHER'S MAIDEN NAME

Virginia Carnan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles W. Knight

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 18, 1952, to January 18, 1952, that I last saw the
deceased alive on Jan. 18, 1952, and that death occurred at 7:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11:00 p. Caroline St.

Jan. 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1952

Huntington Williams, M.D.

John G. Connelley - 411 Eastern Ave

3809

220

BOARD
COMMISSION
OFFICE

CERTIFICATE OF DEATH

Registered No.

52 0587

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

D. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 1/19, 1952, that I last saw the deceased alive on 1/17, 1952, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

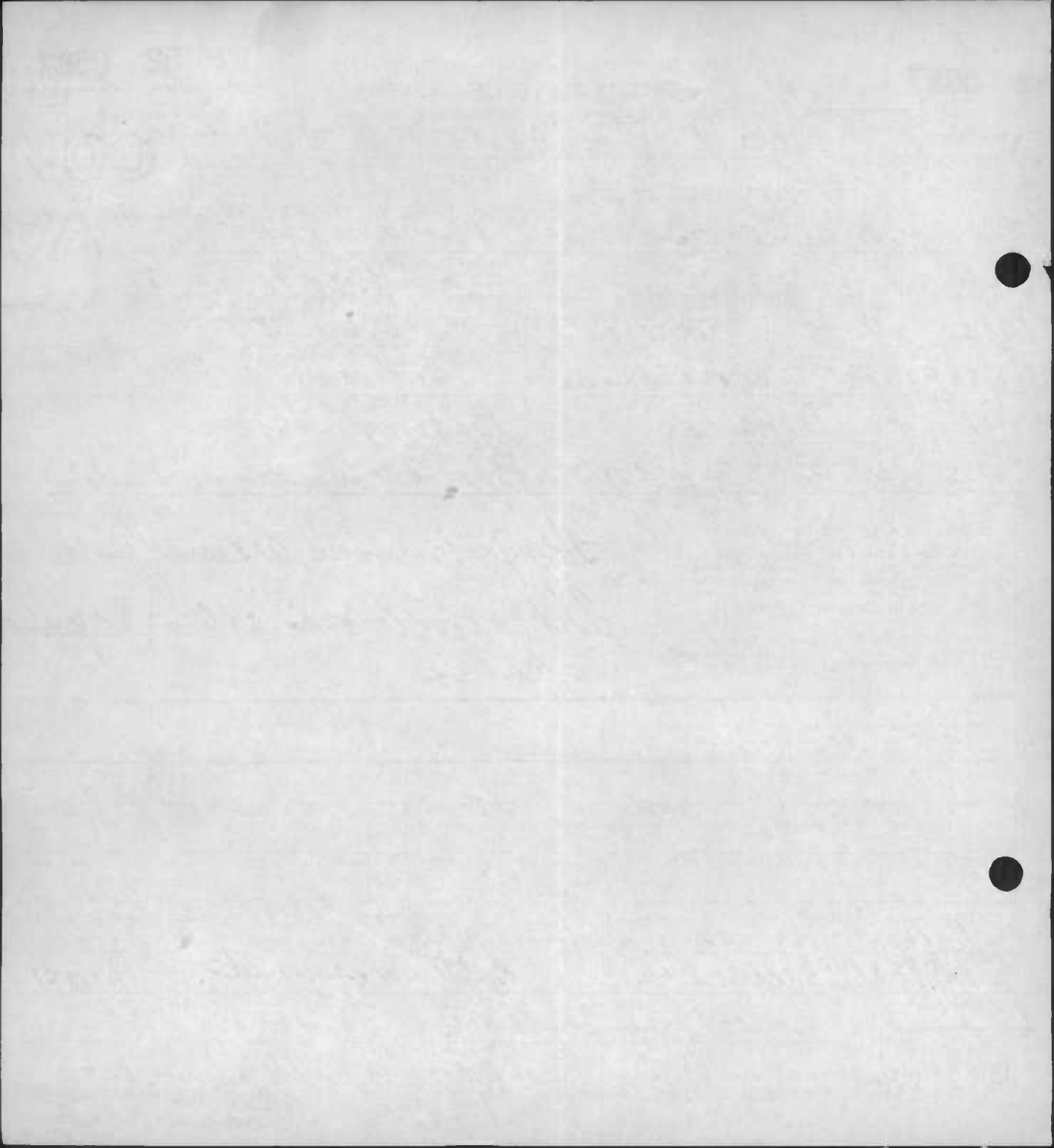
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0588**

52 0588

BIRTH NO.

1. NAME OF DECEASED (Type or Print) J. William Boyd		2. DATE OF DEATH 1/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 16-08	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3608 Harlem Ave		C. CITY OR TOWN Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3608 Harlem Ave	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/10/1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool maker		10B. KIND OF BUSINESS OR INDUSTRY B + O R. R.	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Boyd		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. J. Wilmer Love		ADDRESS 3608 - ave	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Old age - senility.		CAUSE OF DEATH Interval between ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/6 19 46 to 1-20 , 19 52 that I last saw the deceased alive on 1-19 , 19 52 , and that death occurred at HP m., from the causes and on the date stated above.					
23A. SIGNATURE H. Walkey		23B. ADDRESS 3921 Edgewood		23C. DATE SIGNED 1/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/23/52		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	
24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave		DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR John J. Conner & Son		ADDRESS 201st	

559

8

THE UNIVERSITY OF CHICAGO
LIBRARY

559

152
52 0589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0589
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		SARAH ROBINSON		2. DATE OF DEATH January 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 709 N. Patterson Park Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE B. COUNTY Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-03			
5. LENGTH OF STAY IN BALTIMORE life		D. STREET ADDRESS (If rural, give location) 709 N. Patterson Park Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 11, 1893	9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY Monumental Tavern		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John T. Mulfinger			
14. MOTHER'S MAIDEN NAME Gibrandy		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Roger B. Robinson, husband, above			

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X I (A) Cause of Accident 3 days DUE TO ANTECEDENT CAUSES (B) Hypertension DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3 days
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4/14/52, 19__, to 4/19/52, 19__, that I last saw the deceased alive on 4/19, 19__, and that death occurred at 24 m., from the causes and on the date stated above.

23A. SIGNATURE M. J. P.		23B. ADDRESS 2601 E. Madison St.		23C. DATE SIGNED 1/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 23, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.					

DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601 E. Madison St.	
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STANDARD

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Helen Virginia Miller		Jan 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits write BURIAL and give township)	
JOHNS HOPKINS HOSPITAL		Baltimore Md.	
D. STREET ADDRESS (If rural, give location)		E. LENGTH OF STAY IN BALTIMORE	
415 N. Rose St.		life	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Married	6-26-26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
housewife		at home	25
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Baltimore Md.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Rowley		Elizabeth Stern	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(Yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
E 900.0	Respiratory Failure	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Cerebral Trauma	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CERTIFICATION APPROVED BY	
	William V. Smith, M.D.	
	CHIEF OR ASST. MEDICAL EXAMINER.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
	home	Yes N. Rose St.		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
Jan. 10, 1952		flipped & fell down steps.		
22. I hereby certify that I attended the deceased from 1-14-1952, to 1-19-1952, that I last saw the deceased alive on 1-19-1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.				
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED
[Signature]		JOHNS HOPKINS HOSPITAL		20 Jan 12
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	Jan. 22, 1952	Baltimore Nat. Cem.	5501 Fred'k. Ave. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR		ADDRESS
JAN 21 1952		Schimmuck Funeral Home, Inc.		
Huntington Williams, M.D.		2601 E-5 E. Madison St.		

VALLEY

CHURCH

BOARD

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0591**

1. NAME OF DECEASED (Type or Print) Charles J. Niemec		2. DATE OF DEATH Jan 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Johns Hopkins		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edgemere	
Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 6516 North Point Road	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 24, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10B. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	9. AGE (in years last birthday) 56
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Nemec		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W.W. #1	
17. INFORMANT Katherine Nemec, wife, above		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Disease DUE TO		
(B) Coronary Occlusion DUE TO		
(C) Myocardial Infarct		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Jan 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 23, 1952		24C. NAME OF CEMETERY OR CREMATORY Oak Hill	
DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) Harness Lane	
24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-6 E. Madison St.			

1900

1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0592**

300
52 0592

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ERNEST LEON WHITE, JR.		2. DATE OF DEATH January 18, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 13-03	
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 1 Yrs. 1 Mos. 0 Days 0		d. STREET ADDRESS (If rural, give location) 2513 Francis Street	
7. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Apr. 26 1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 7 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Ernest Leon White Sr.		11. BIRTHPLACE (State or foreign country) Mercer Co. Bluefield W. Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Carolyn Gail	
17. INFORMANT Carolyn Gail		ADDRESS 2513 Francis St.	

18. E-8124 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural and subarachnoid hemorrhage MEYX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Contusion of brain DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) North and Woodbrook Avenues		13-13
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 16, 1952 1:00 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pedestrian struck by auto		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE <i>William W. Wood</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED Jan. 19, 1952

24a. BURIAL, CREMA-TION, REMOVAL (Specify) Burial	24b. DATE Jan 22 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24d. LOCATION (City, town, or county) (State) Mt. Winnians
DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952	REGISTRAR'S SIGNATURE <i>Joseph L. K...</i>	25. FUNERAL DIRECTOR <i>Joseph L. K...</i>	

5000

5000

mercer es bluefield W Va. 5000

mercer

32-4
0593BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0593

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Estelle Mitchell

2. DATE
OF
DEATH

Jan 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore Gen Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Marley Park A A Co

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

200 Summit Rd.

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 10 - 1906

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lemuel Mitchell

14. MOTHER'S MAIDEN NAME

Minnie Shyler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bluma Thom 5332 Old Field Rd

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Summit Road near Ridge Road

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan. 19, 1952 5:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hit by Auto - Pedestrian

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D.

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-22-52

24C. NAME OF CEMETERY OR CREMATORY

Fountain Park Cem

24D. LOCATION (City, town, or county)

Frederick Rd

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edward Toulson 2359 Wash Blvd

ADDRESS

VS 151

N-803.2

170c ✓

CERTIFICATE CORRECTED 1-21-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered **52-0594**

524
52-0594
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARL RUNCKLES RUNCKLES		2. DATE OF DEATH January 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (if rural, give location) 7 N. Fremont Street		5. LENGTH OF STAY IN BALTIMORE LIFE Yrs. Mos. Days	
6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOVEMBER 11, 1924	9. AGE (In years last birthday) 27
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEAN CHIMNEY		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME AUBREY RUNCKLES		14. MOTHER'S MAIDEN NAME VIRGINIA RUBY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES	(If yes, give war or dates of service) WORLD WAR II	16. SOCIAL SECURITY NO.	
17. INFORMANT AUBREY RUNCKLES 7312 HOLABIRD AVE		ADDRESS	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carbon monoxide poisoning**

~~XXXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **First, second, and third degree burns**

~~XXXXXX~~

(C) **Acute alcoholism**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 7 N. Fremont Street		4/2
21D. TIME (Month) (Day) (Year) (Hour) Jan. 19, 1952 4:30 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Conflagration		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Root</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 19, 1952
24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL	24B. DATE 1/22/52	24C. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	24D. LOCATION (City, town, or county) (State) Mt. Airy Maryland	

DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>1328 Salford Springs Rd.</i>
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Life

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246
52 0595BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0595

1. NAME OF DECEASED (Type or Print) Elmer Sickler		2. DATE OF DEATH 1-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 57 yrs		D. STREET ADDRESS (If rural, give location) 5908 Greenhill Avenue - 6	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-22-92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch-man		10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co.	9. AGE (In years last birthday) 59
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Rosedale, N.Y.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mrs. Jacob Brier - 5908 Greenhill Ave		ADDRESS	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post-operative congestive heart failure.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of left lung.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 1-15-52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of left lung.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-11- , 19 52 , to 1-21- , 19 52 that I last saw the deceased alive on 1-21- , 19 52 , and that death occurred at 2:35a m., from the causes and on the date stated above.			
23A. SIGNATURE B. B. Velez		23B. ADDRESS 1400 N. Caroline St. -13	
23C. DATE SIGNED 1-21-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-23-52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Balto - Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Lilly & Zita, Inc. - 403 S. Wolfe St.		ADDRESS 477	

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CERTIFICATE CORRECTED

2-15-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0596

BIRTH NO. 0596

1. NAME OF DECEASED
(Type or Print)

ROBERT A. DUNN

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1423 John Street

Length of stay in Baltimore

5

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-14-94

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Restaurant Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Not Employed

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert A. S. Dunn

14. MOTHER'S MAIDEN NAME

Rose E. Malton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. J. Dunn - 1168 Broadway

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-23-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore - National

24D. LOCATION (City, town, or county)

Baltimore - No

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

2906M

12412

MEDICAL CERTIFICATION

8000 51

8000 51

1000
52 0597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0597

1. NAME OF DECEASED (Type or Print) Robert Henry Lee		2. DATE OF DEATH 1-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Durham St.	
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write R.U.M.A. and give township) Balt. Md. 7-04	
6. LENGTH OF STAY IN BALTIMORE 10 yrs.		D. STREET ADDRESS (If rural, give location) 932 N. Durham St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separ	8. DATE OF BIRTH 7-25-1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Contractor	9. AGE (In years last birthday) 55
13. FATHER'S NAME Earnest Lee		11. BIRTHPLACE (State or foreign country) Rice Prince Edward Is.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) Yes World War #1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 317-05-2283		14. MOTHER'S MAIDEN NAME Andis Foster	
17. INFORMANT Phyllis Lee		ADDRESS 1906 E. Eager St.	
18. 196X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of maxilla & zygomatic process of jaw		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Possible generalized metastasis		(B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 10/19/51		19B. MAJOR FINDINGS OF OPERATION Squamous Cell Carcinoma of the maxilla		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 18, 1951 , to Jan. 19, 1952 , that I last saw the deceased alive on Jan. 19, 1952 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS M.D. Provident Hosp. 1518 Division		23C. DATE SIGNED 1/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 1-22-1952		24C. NAME OF CEMETERY OR CREMATORY High Rock Cem.	
24D. LOCATION (City, town, or county) Rice Va.		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Rudolph G. Collick		24H. ADDRESS 1412 E. Preston St.		24I. DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952	

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1000 00

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52 0598KING
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0598

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>David King</u>			2. DATE OF DEATH <u>20 Jan 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1200 Valley St</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Little Sisters of the Poor</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balt</u>		
D. LENGTH OF STAY IN BALTIMORE <u>4 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>1200 Valley St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>4th Sept-1875</u>	9. AGE (In years last birthday) <u>76</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Fredrick Md</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Chasoline King</u>			14. MOTHER'S MAIDEN NAME <u>Mary T. King</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>713-46-466</u>	17. INFORMANT <u>Little Sisters of the Poor</u>		

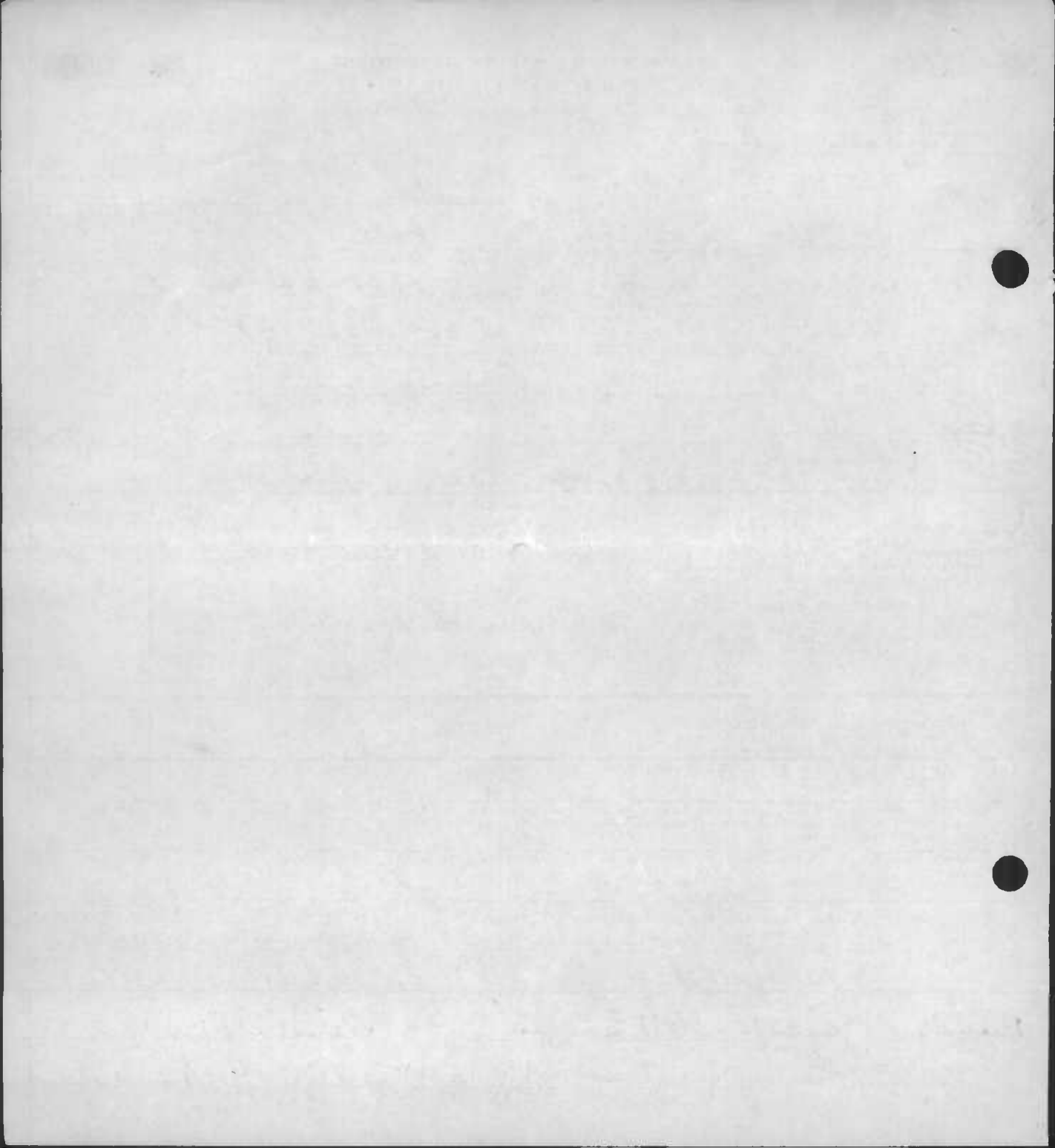
18. <u>151X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Carcinoma of Stomach</u> DUE TO (B) <u>Arterio Sclerosis</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 yrs</u>
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 - 1951, to Jan 20 - 1952, that I last saw the deceased alive on Jan 19, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>E. G. Hall M.D.</u>	23B. ADDRESS <u>1631 E North Ave</u>	23C. DATE SIGNED <u>12/1/52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Jan 23/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>	24D. LOCATION (City, town, or county) (State) <u>Reisterstown Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 21 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>W. J. Biddle</u>	ADDRESS <u>900 E Biddle St</u>



655
52 0599

BRENNAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

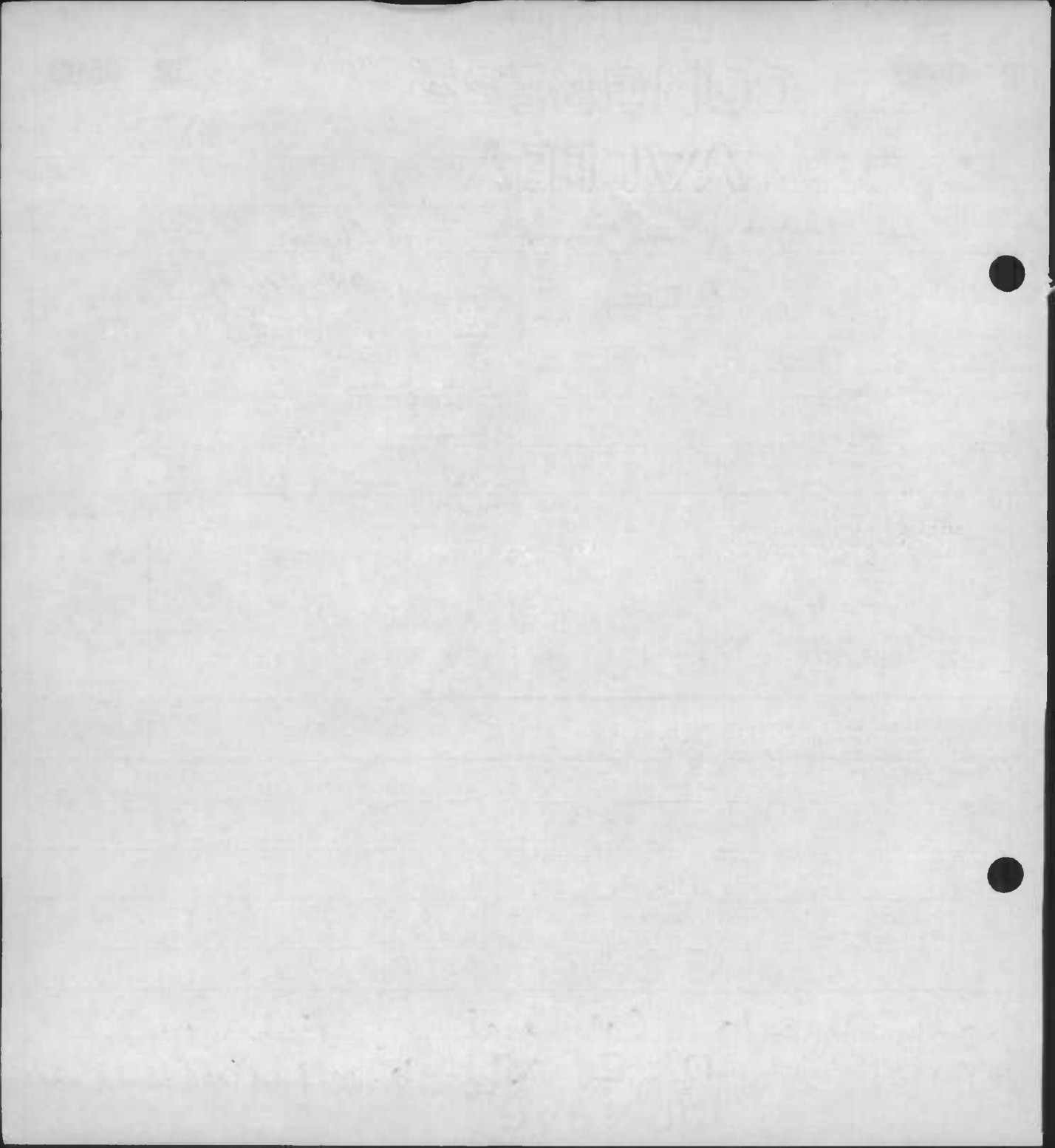
Registered No. 52 0599

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eugene Brennan</i>			2. DATE OF DEATH <i>20th Jan 1952</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore <i>7 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec 1871</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>6 in Ireland</i>			14. MOTHER'S MAIDEN NAME <i>Anna Walter</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Little Sisters of the Poor</i>			ADDRESS		

18. <i>Heart</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Chronic Myocarditis</i> ANTECEDENT CAUSES DUE TO <i>Arterio Sclerosis -</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> <i>10 yrs</i>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 10 -</i> , 1951, to <i>Jan 20 -</i> , 1952, that I last saw the deceased alive on <i>Jan 18</i> , 1952, and that death occurred at <i>2:30 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E Gill Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>Jan 21-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Huntington, William, Mr. Rifa</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 21 1952</i>		ADDRESS <i>900 E Biddle St</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 0600**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Dorothy Henry**2. DATE
OF
DEATH**January 20, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**St. Joseph's Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

**Little Sisters of the Poor
Valley & Chase Sts.**

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

Nov. 27, 18829. AGE (in years
last birthday)**69**10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

?12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisiter of Poor18. **4501**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Hypostatic pneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerotic gangrene of both**DUE TO **legs**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒**November 20, 1951****Gangrene of both legs**21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October 31, 1951** to **January 20, 1952**, that I last saw the
deceased alive on **Jan. 20, 1952**, and that death occurred at **4:07 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1952**Huntington Williams, M.D.****1522 Oldfield 900 E Beadle St****Jan 20, 1952**

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0601**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sophie		2. DATE OF DEATH JAN 20 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution + residence before admission) a. STATE Md. b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 64 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 2324 E. Eager St.	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE - MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 9-17-86
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		9b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 64
10. FATHER'S NAME JOSEPH ROUBAL		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. MOTHER'S MAIDEN NAME NOT KNOWN	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		15. SOCIAL SECURITY NO. 217-12-6935	
16. ADDRESS JOHNS HOPKINS HOSPITAL		17. INFORMANT	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cardio-vascular Disease (C)		1 + yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive-arteriosclerotic		Cardio-vascular Disease
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-15-** **1952** to **1-20-** **1952** that I last saw the deceased alive on **1-20-** **1952**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Ondley P. Jackson M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 1/21/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 1-23-52	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
24D. LOCATION (City, town, or county) BALTO.	24E. FUNERAL DIRECTOR FRANK JACKSON	24F. ADDRESS 900 N CHESTER ST
DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

52 0602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0602

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		KENNETH LESTER FRANCIS		2. DATE OF DEATH		Jan. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE		B. COUNTY	
Union Memorial Hospital				Maryland		Baltimore	
C. CITY OR TOWN				Towson			
D. STREET ADDRESS (If rural, give location)				61 Burke Avenue			
5. LENGTH OF STAY IN BALTIMORE		Yrs. Mos. Days		6. DATE OF BIRTH		7. AGE (In years last birthday)	
SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
male		white		Widower		April 21, 1894	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)		11. BIRTHPLACE (State or foreign country)	
Farmer-retired		Self employed		57		North Carolina	
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?			
Unknown				USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				None		Family Records	

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley K. Decker M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 23, 1952

Scott's Cemetery

West Jefferson, N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, M.D.

John Burts' Sons, Towson, Maryland

52 0603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0603

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN E.

FLYNN

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3804 Flowerton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

3804 Flowerton Avenue

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 27, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank R. Nehren

14. MOTHER'S MAIDEN NAME

Elizabeth Boyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jerome F. Bounds, 3804 Flowerton

18. 443X I

CAUSE OF DEATH

Rosa

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B) Obesity

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan. 24/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. 29, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1000

1000

1000



5142 T.
52 0604BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0604
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary LOUISE		2. DATE OF DEATH Jan. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-31	
D. STREET ADDRESS (If rural, give location) 5041 Frederick Avenue		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
6. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10B. KIND OF BUSINESS OR INDUSTRY Standard Distillers	9. AGE (In years last birthday) 39
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Carter		14. MOTHER'S MAIDEN NAME Catherine Lotse	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wm. Carter, 3133 Stafford St. Balto. Md.		ADDRESS	

18. E981X I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Bullet wound of chest.
DUE TO

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) porch		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5043 Frederick Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 20, 1952 8:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE H. O. O'Neale M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 24/52		24C. NAME OF CEMETERY OR CREMATORY London Pk.	
24D. LOCATION (City, town, or county) Balto. 29, Md.		24E. LOCATION (City, town, or county) Balto. 29, Md.		24F. LOCATION (City, town, or county) Balto. 29, Md.	

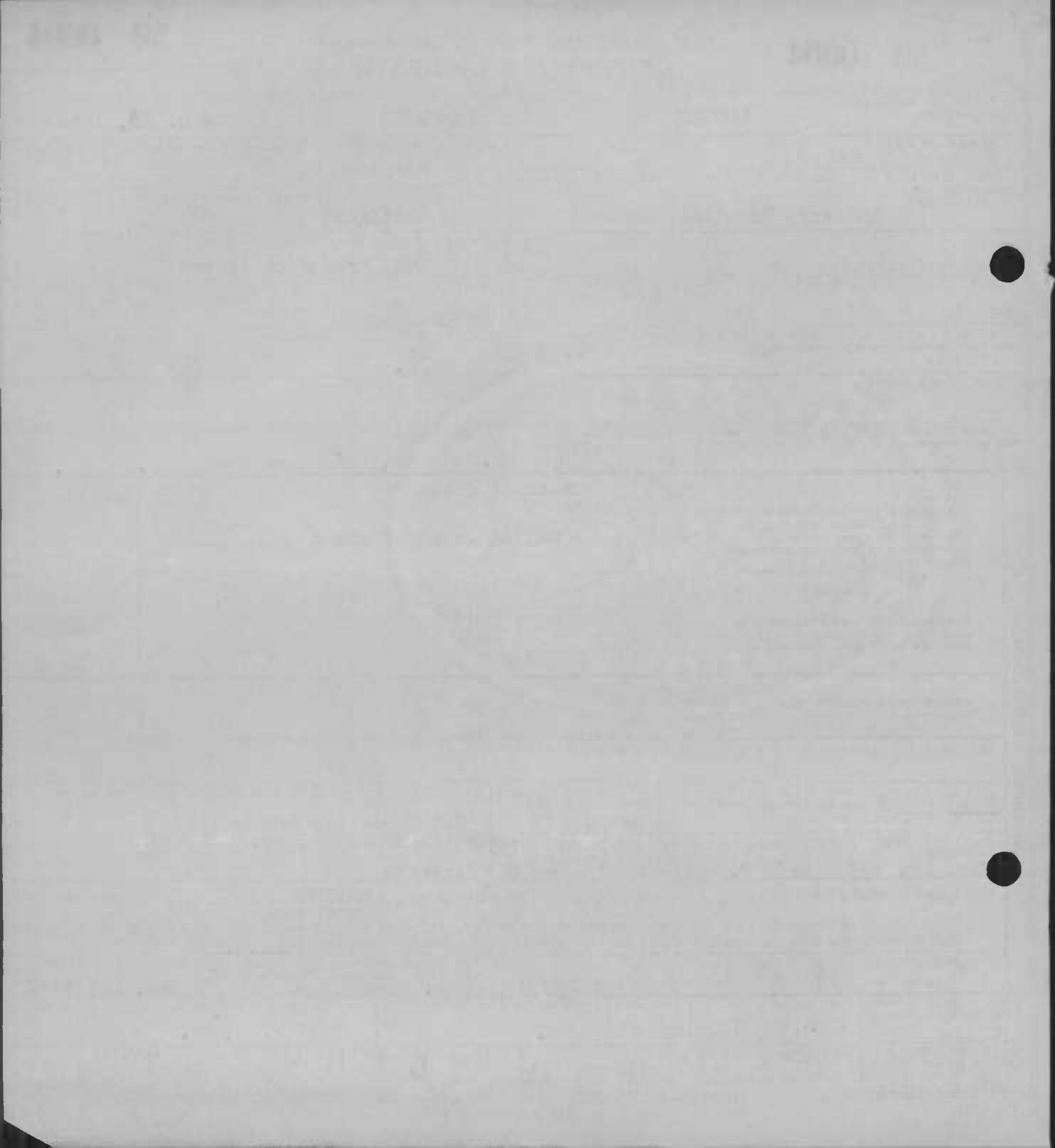
DATE RECEIVED BY LOCAL REGISTRAR
JAN 22 1952

REGISTRAR'S SIGNATURE
Huntington W. K. ...

51 FUNERAL DIRECTOR
4101 Edmondson

VS 151

N-862.4 350 46 166



3T.

52 0605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Lyons

2. DATE
OF
DEATH

Jan. 20, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3914 Cranston Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 30, 1900

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Cavey

14. MOTHER'S MAIDEN NAME

Mary Moran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John H. Lyons, 3914 Cranston Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Dehydration & Pneumonitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1/19, 1952, to 1/20, 1952, that I last saw the
deceased alive on 1/20, 1952, and that death occurred at 8:42 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

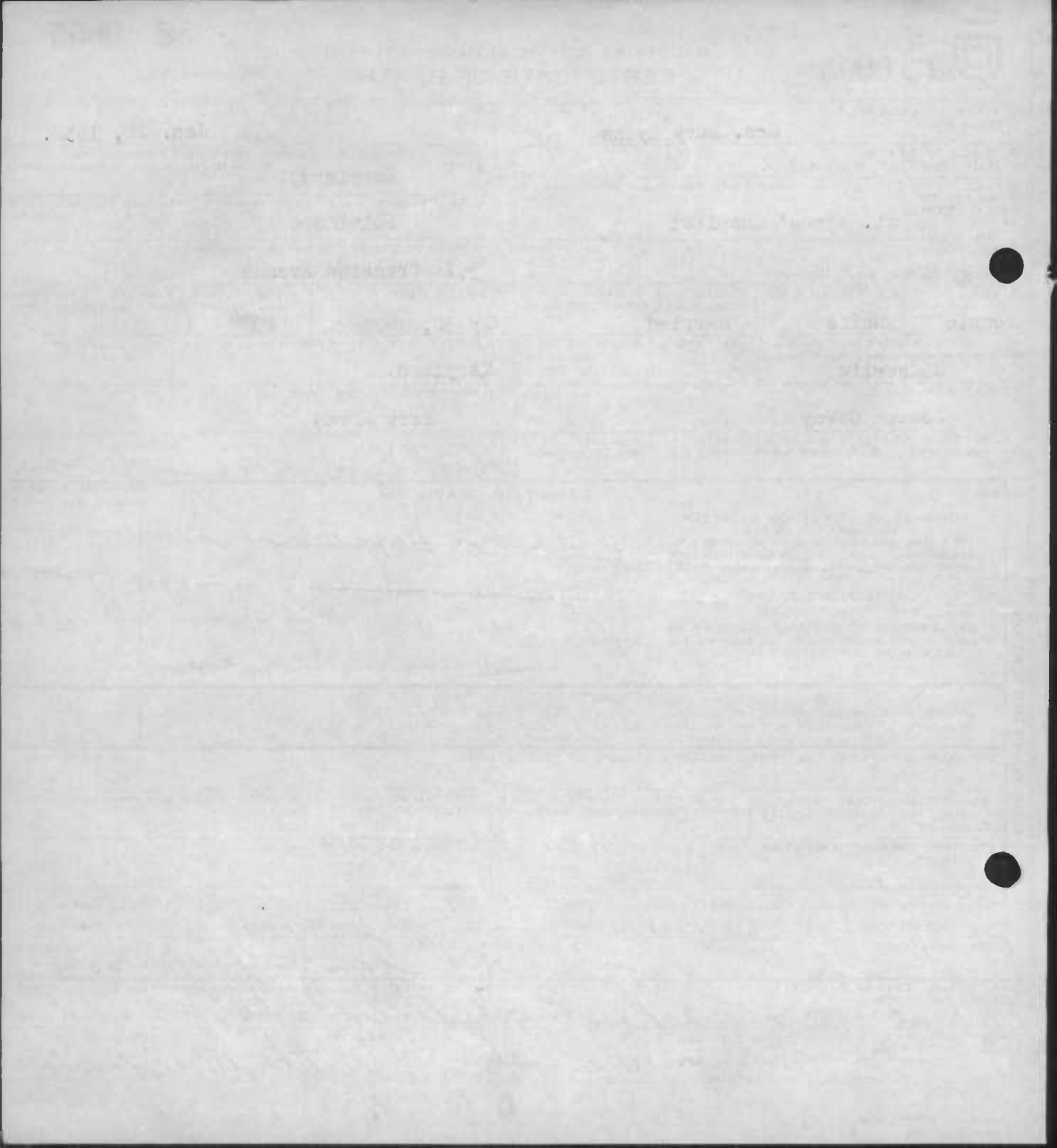
ADDRESS

VS 150

19520000604

937 Ave.

MEDICAL CERTIFICATION



4T.
52 0606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0606
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>VIRGINIA L. SMITH</i>			2. DATE OF DEATH <i>1-18-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Prince George's</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Laurel</i>		
Length of stay in Baltimore <i>5</i> Yrs. Mos. Days <i>2</i>			D. STREET ADDRESS (If rural, give location) <i>6600</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 8 1927</i>		9. AGE (In years, last birthday) <i>24</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.N.</i>
13. FATHER'S NAME <i>Walter Rasm</i>			14. MOTHER'S MAIDEN NAME <i>Loretta McConnell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>Robt. W. Smith, 501 Wildwood</i>		

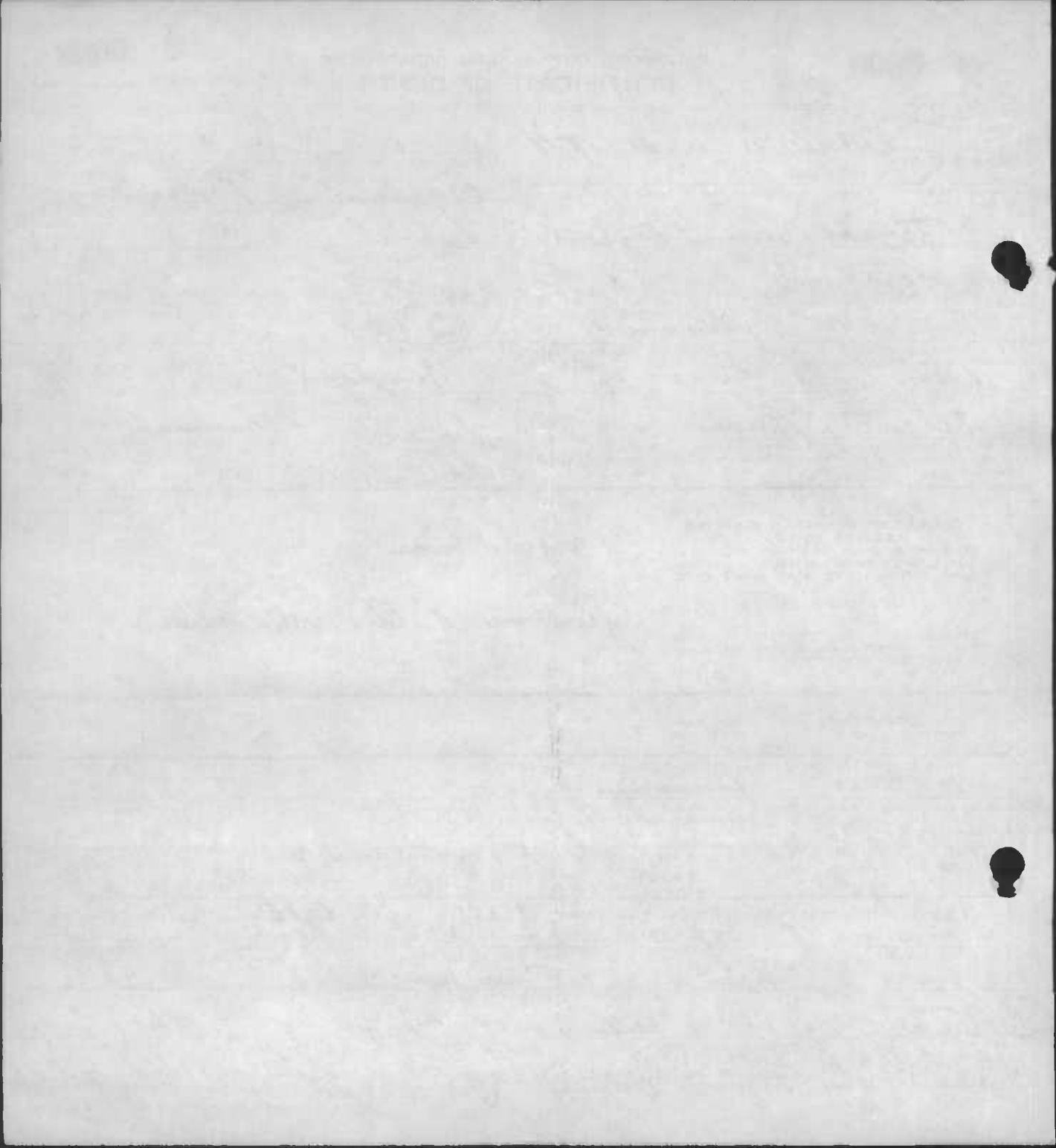
18. <i>171X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Cerebral Edema</i>		DUE TO		
ANTECEDENT CAUSES		(B) <i>Carcinoma of Cervix with Metastases</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>1-15-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cervix</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *1-14-*, 19*52*, to *1-18*, 19*52*, that I last saw the deceased alive on *1-18*, 19*52*, and that death occurred at *3:25* p.m., from the causes and on the date stated above.

23A. SIGNATURE *Claude E. Parish* M. D. *Union Memorial Hosp.* 23C. DATE SIGNED *1/18/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan. 22/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>	24D. LOCATION (City, town, or county) (State) <i>5501 Fredk. Ave. Balt. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 22 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Harry A. Witzke</i>	ADDRESS <i>4101 Edmondson</i>



340
52 0607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0607
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Antonio Vadala

2. DATE
OF DEATH Jan. 20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

602 N. Luzerne Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

602 N. Luzerne Ave

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 26, 1866 85

9. AGE (In years last birthday)

11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Chief Engineer, Merchants & Engineers

10B. KIND OF BUSINESS OR INDUSTRY

Miners

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Vadala

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Pearl M. Vadala, 602 N. Luzerne Ave

18. 4-2-1-1

CAUSE OF DEATH

Ave

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) myocardial insufficiency
(C) arteriosclerosis

5 1/2 hrs
?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1952, to Jan 20, 1952, that I last saw the deceased alive on Jan 19, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Horak

M. D.

23B. ADDRESS

101 W. Reed St

23C. DATE SIGNED

Jan. 21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 25/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR
JAN 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Switzer

ADDRESS

101 Edmondson Ave

In Edward Norton.

52 0608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0608
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCY LEE RILEY

2. DATE
OF
DEATH 1-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-02

D. STREET ADDRESS (If rural, give location)

1641 S. Hanover Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 15, '83

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Henry Harnsberger

14. MOTHER'S MAIDEN NAME

Mary C. Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin J. Riley 1641 S. Hanover

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR23C. DATE SIGNED
Jan. 21, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/24/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave.

(State)

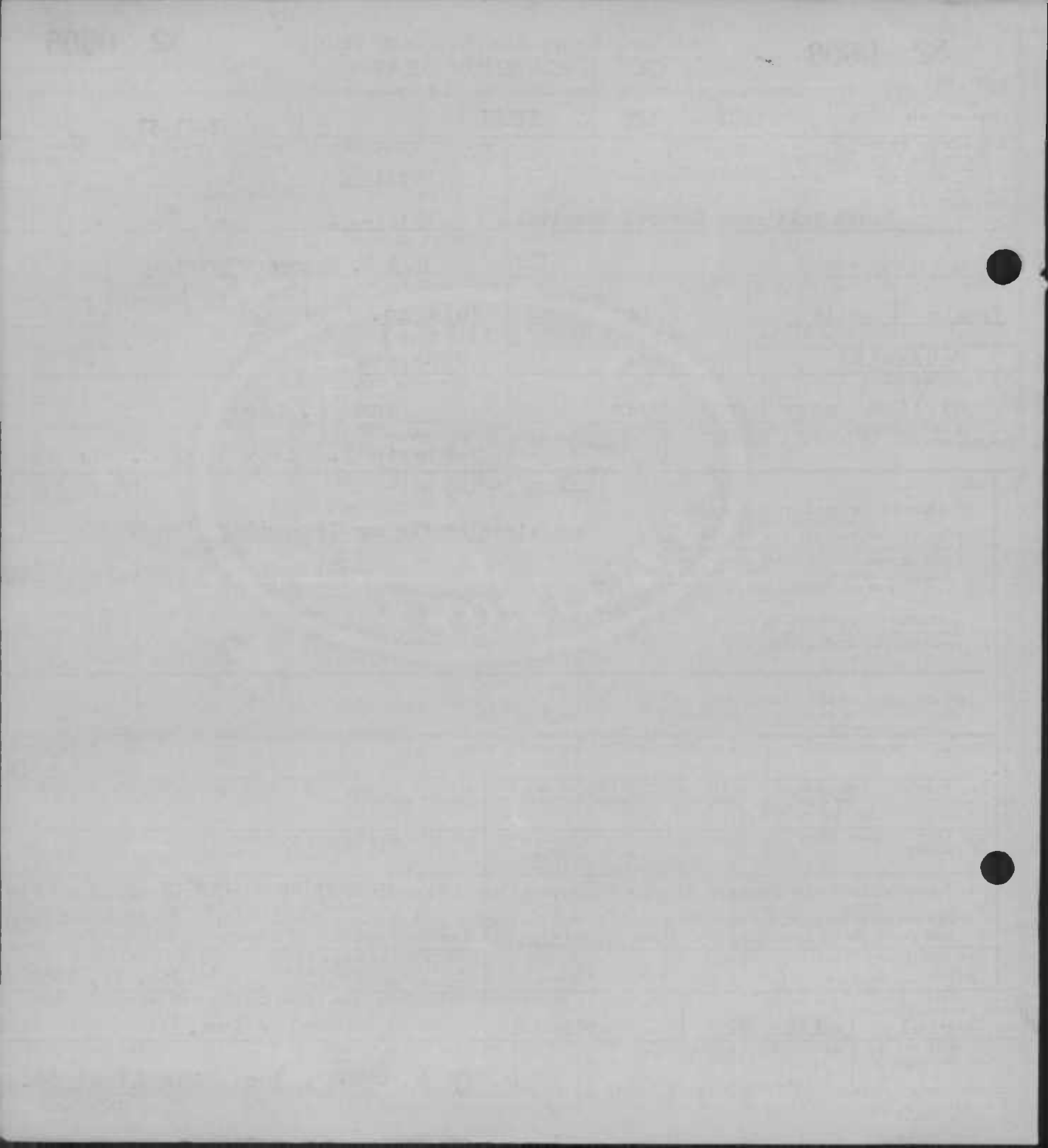
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN A. DENNY, Inc. 715 Light St.



636
52 0609BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0609
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Elizabeth Audem Carter

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

539 Bloom St.

Yrs.
Mos.
Days

Length of stay in Baltimore

3 mos.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 28, 1896

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Barker, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Audem

14. MOTHER'S MAIDEN NAME

Sarah Orby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Mr. Ralph Audem

ADDRESS

539

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Hypertension -
my car later
neglected

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/50 to 1/21/52, that I last saw the
deceased alive on 1/21/52, and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Dan Frankel

M. D.

23b. ADDRESS

142 W Lee

23c. DATE SIGNED

1/21/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Jan. 22, 1952

24c. NAME OF CEMETERY OR CREMATORY

St. Paul's Church

24d. LOCATION (City, town, or county)

Barker, Va.

(State)

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral

ADDRESS

601 Oakes Hill Ave.

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

325
52 0610BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0610
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA ELIZABETH STEIGENWALD

2. DATE
OF
DEATH

1/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 26-03

D. STREET ADDRESS (If rural, give location)

3030 CHESTERFIELD AVE

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT 13, 1884

9. AGE (In years,

last birthday)

67

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

ADAM CRESS

14. MOTHER'S MAIDEN NAME

ELIZABETH DIETZEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS EVELYN THELEN SAME

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DAUGHTER

INTERVAL BETWEEN
ONSET AND DEATH

(A)

ACUTE PULMONARY EDEMA

DUE TO

ANTECEDENT CAUSES

(B)

MYOCARDIAL INFARCTION

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18 1952 to 1-20 1952, that I last saw the
deceased alive on 1-20 1952, and that death occurred at 3:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Camer A. Ford

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

1-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

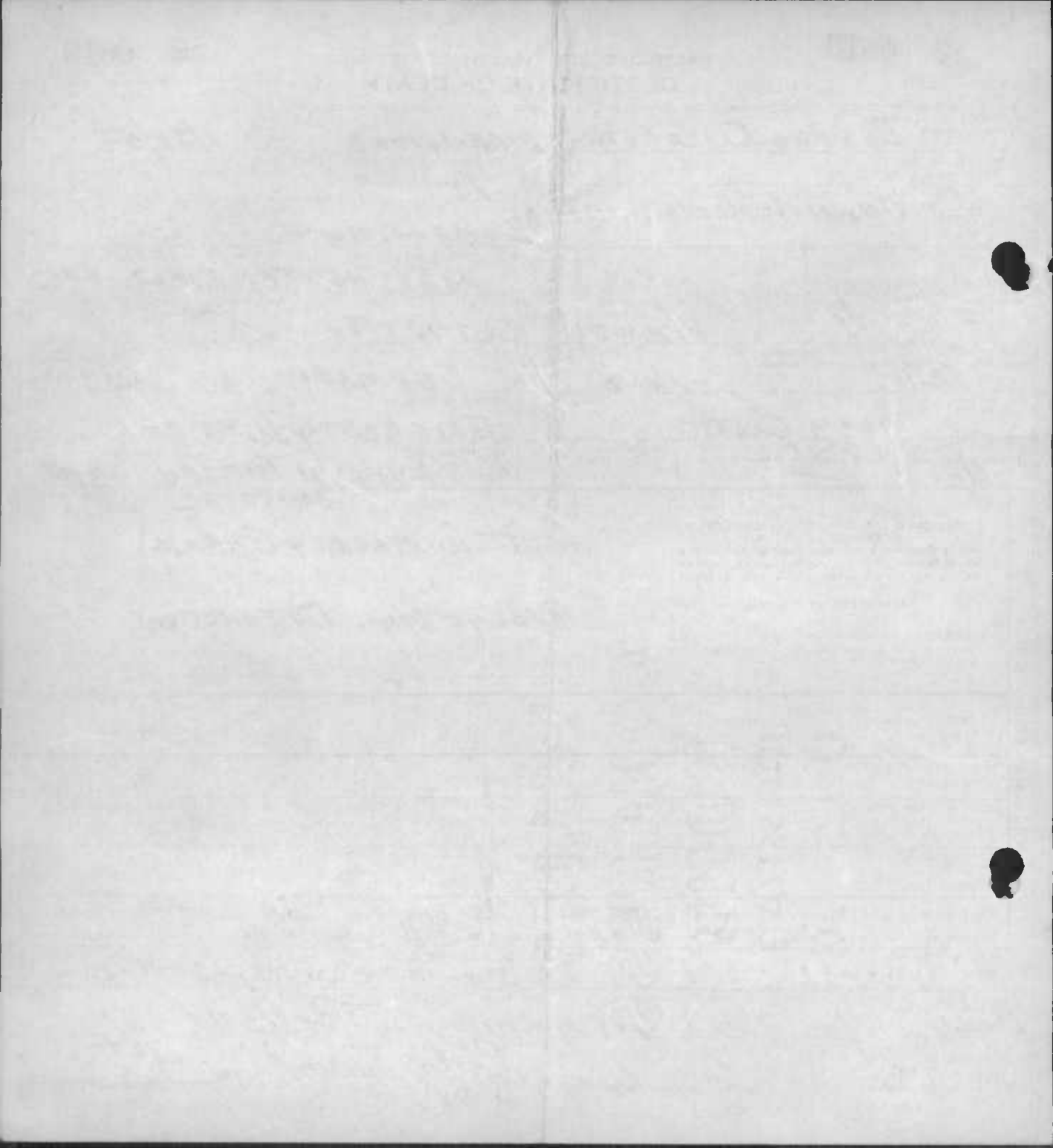
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, 412 Philip's Henry Sons, 2027
94a



52 0611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0611

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geo. W. Kimmerlein

2. DATE
OF
DEATH

Jan. 19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 607 N. Highland Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

607 N. Highland Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. Md. 26-44D. STREET ADDRESS (If rural, give location)
607 N. Highland Ave.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

June 21, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

A. P. Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-- Kimmerlein

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

--

(If yes, give war or dates of service)

--

16. SOCIAL

SECURITY NO.
214-03-7653

17. INFORMANT

ADDRESS

Mrs. Anna M. Kimmerlein 607 N. Highland Ave.

18.

443x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Hypertension
Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 1/19, 1952, that I last saw the
deceased alive on 1/19, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. J. J.

23B. ADDRESS

M. D.

441 S. Ellwood Ave

23C. DATE SIGNED

1/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Philip H. Williams

25. FUNERAL DIRECTOR

ADDRESS

2024 Orleans St.

JAN 22 1952

VS 150

290 6A

937

MEDICAL CERTIFICATION

Chlorine - hypochlorite
Hydrochloric
Sulfuric

X

1000
19
1000
1000

1000
1000
1000

52 0612

52 0612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BONDAY, MARGARET MARY

2. DATE
OF
DEATH

January 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL FOR THE WOMEN OF MARYLAND

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE - 7

28-41

D. STREET ADDRESS (If rural, give location)

3609 MOHAWK AVENUE

C. Length of stay in Baltimore (LIFE) 50

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12-16-1901

9. AGE (In years, last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK - DEPT. HEAD

10B. KIND OF BUSINESS OR INDUSTRY

STATIONERY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

BONDAY, FRED

14. MOTHER'S MAIDEN NAME

SCHNAUFER, MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-09-9887

17. INFORMANT (Print name) ADDRESS

Mary Margaret Bonday, 3609 Mohawk Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMATOSIS

DUE TO

SIGMOID

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

CA OVARY

(C)

INTESTINAL OBSTRUCTION, MECHANICAL

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

LEUKEMIA

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Ca sigmoid; Ca ovary

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to 1-21, 1952, that I last saw the deceased alive on 1-21, 1952 and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Kelly

M. O.

23B. ADDRESS

Hosp for Women of Maryland

23C. DATE SIGNED

1/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/24/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JAN 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. G. Cook, Inc., 1217 E. Paul St.

ADDRESS

362
52 0613BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0613
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Zelia WATERS

2. DATE
OF
DEATH

1/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. Length of stay in Baltimore

78

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

housewife

13. FATHER'S NAME

Harry Flack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

July 2 1873

9. AGE (In years
last birthday)

78

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Evelyn Harrington

17. INFORMANT

ADDRESS

Mrs. Barriere St. Hinn, Severna Park

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) C. A. Transverse Colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intestinal Obstruction

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/12/52

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction Trans. Colon

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/1952 to 1/21/1952, that I last saw the
deceased alive on 1/21/1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. P. Kramer

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

1/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

1/24/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 Ab. Paul St

JAN 22 1952

VS 150

46E

63
52 0614BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 0614

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Bertha C. Efford*2. DATE
OF
DEATH*1/20/52 7 P.M.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*1700 Park Ave*

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY,

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Rural

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*11/00/1885*9. AGE (In years
last birthday)*66*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*Own Home*

11. BIRTHPLACE (State or foreign country)

*Balto. Co. Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Montour

14. MOTHER'S MAIDEN NAME

*Sarah Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Ralph T. Montour 5708 Falls Rd.

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma Colon*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*1-2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1951*, to *Jan 20, 1952*, that I last saw the
deceased alive on *Jan 20, 1952*, and that death occurred at *7:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*1402 Park Ave**1-21-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**1/24/52**London Park**Balto. Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JAN 22 1952**Huntington, Williams, M. P. Cook, Inc. 1217 St. Paul St.*

VS 150

46E

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME (OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE/MARRIED,
WIDOWER, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb 2, 1948, to January 21, 1952, that I last saw the
deceased alive on January 21, 1952, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

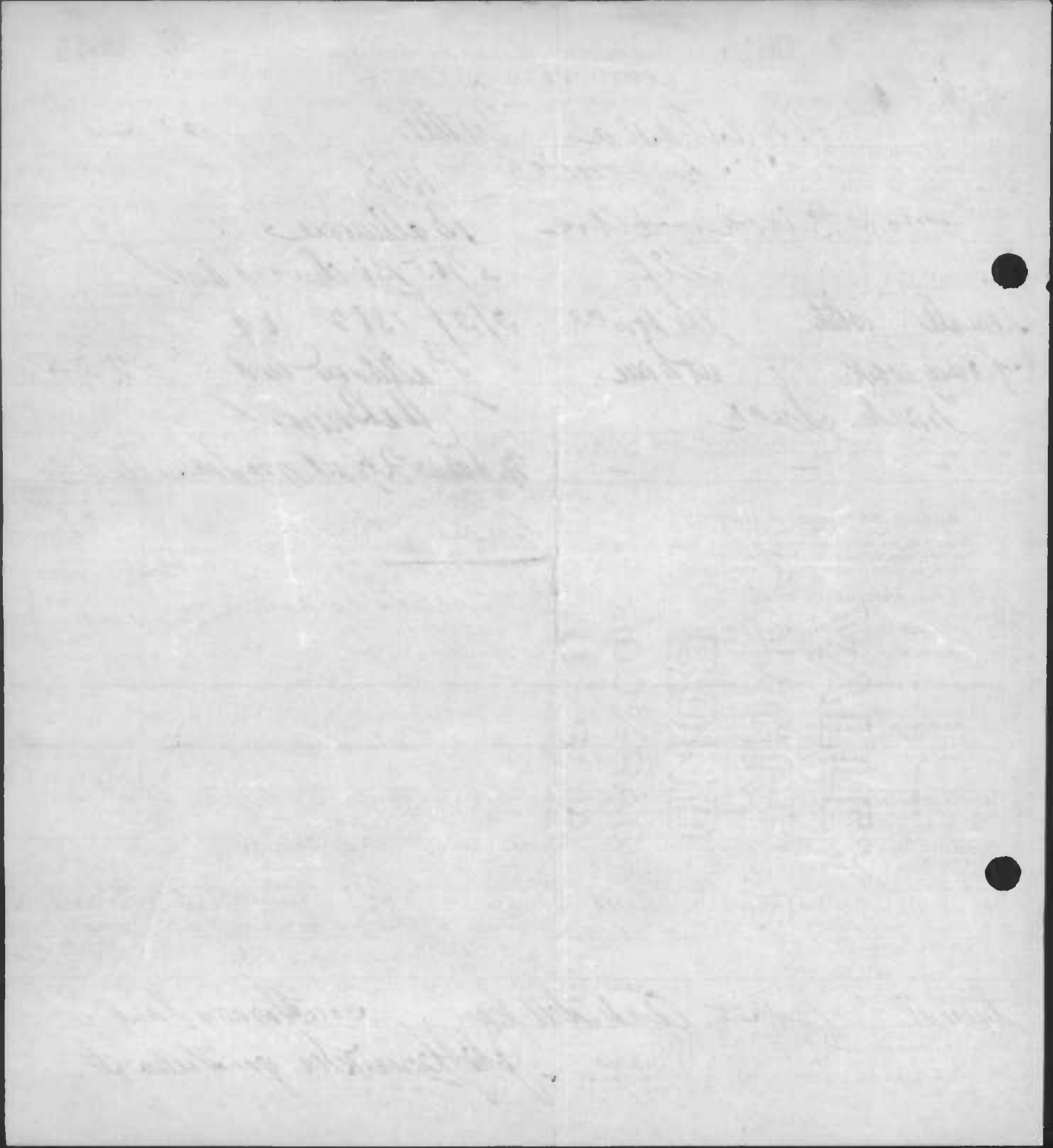
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



42 52 0616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0616
Registered No.

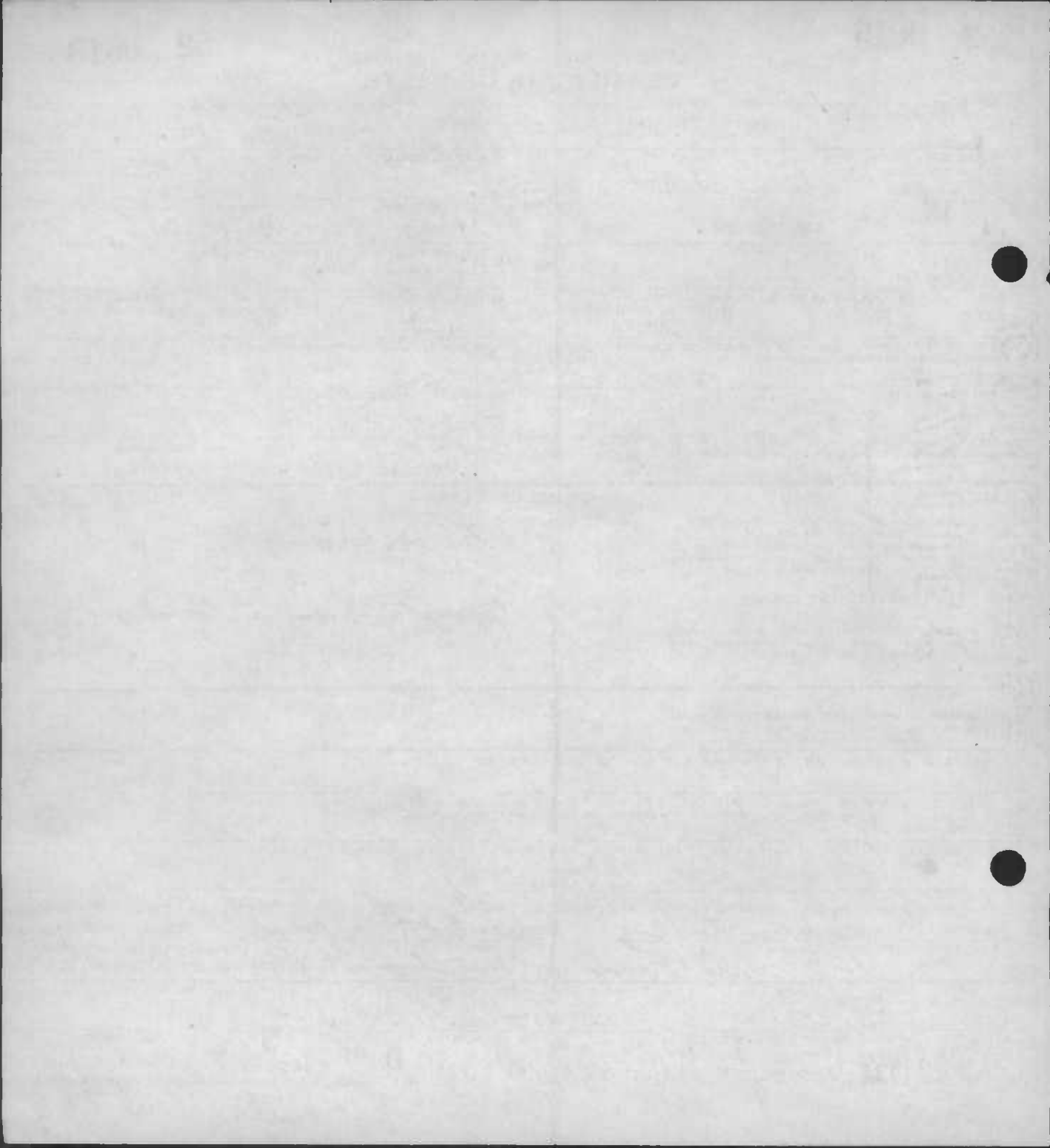
BIRTH NO.

1. NAME OF DECEASED (Type or Print) PERTHA M. HOLLS		2. DATE OF DEATH Jan. 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4317 Arabia Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-02	
D. STREET ADDRESS (If rural, give location) 4317 Arabia Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 3, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 82
13. FATHER'S NAME Henry Penaat		11. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lippins Nortonstein	
17. INFORMANT Mr. William Holls		ADDRESS - 6304 Mayflower Rd.	

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension, arterial (B) DUE TO		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb. 1948 to Jan 21, 1952 , that I last saw the deceased alive on Jan 15, 1952 , and that death occurred at 5:30 AM. , from the causes and on the date stated above.				
23A. SIGNATURE Edm. W. Parsons		23B. ADDRESS 11 E Chase St, Balto		23C. DATE SIGNED Jan 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/24/52	24C. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.	24D. LOCATION (City, town, or county) (State) Violetville, Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS Balto Md 97	



52 0617

BALTIMORE CITY HEALTH DEPARTMENT

52 0617

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BETTIE BETTE DOERING		2. DATE OF DEATH Jan. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5701 Winner Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17			
D. STREET ADDRESS (If rural, give location) 5701 Winner Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 13, 1866	9. AGE (in years, last birthday) 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Christian Ruppert		14. MOTHER'S MAIDEN NAME Johanna Kaker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Edna Ironmonger - 5701 Winner Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.11 Coronary Sclerosis (A) DUE TO Arterio Sclerosis (B) DUE TO Semility (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 13, 1952 to Jan 20, 1952 , that I last saw the deceased alive on Jan 20, 1952 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 3033 W. 20th St		23C. DATE SIGNED 1/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/22/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Huntington Williams, M.P.		ADDRESS Chas. J. Dickens & Sons	
DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1952		VS 150			

MEDICAL CERTIFICATION

Correct as to cause of death, date of death, and date of burial. If necessary, please write the cause of death and date of death on the back of this certificate.

Balto, Md 94a

County of
Sheriff
1917

January 22, 1917
1917

1917

12
52 0618BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0618
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		WILLIAM B. THOMPSON		2. DATE OF DEATH Jan. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4001 Belvieu Ave.		C. CITY OR TOWN Baltimore		15-10	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4001 Belvieu Ave.		Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 26, 1875	9. AGE (In years last birthday) 76	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Alexander D. Thompson		14. MOTHER'S MAIDEN NAME Catherine Arnold	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-01-9840 A		17. INFORMANT Mrs. Martha E. Thompson-4001 Belvieu Ave,	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) 4201 I CORONARY SCLEROSIS DUE TO ARTERIO SCLEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Sclerosis (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 30, 1952, to Jan 20, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE M. P. Williams		23B. ADDRESS 3033 W. North Ave.		23C. DATE SIGNED 1/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/23/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR Thos. J. Lickner & Sons - 949		24F. ADDRESS Balto 17, Md.	

Government of
California
San Francisco

Oct 30 1900

Mr. J. H. ...

52 0619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0619
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie M. Brown.

2. DATE
OF
DEATH

1-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctor's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 12-07

D. STREET ADDRESS (If rural, give location)

2615 Miles Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE ~~MARRIED~~
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct 18, 1900

9. AGE (In years last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jolly C. Brown 2615 Miles Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREbro-VASCULAR ACCIDENT

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE, CARDIO VASCULAR
DISEASE

DUE TO

sev months

(C) also kidney damage

sev months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

OBESITY, EXOGENOUS

sev yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 51, Jan 20, 52, that I last saw the deceased alive on Jan 19, 19 51 and that death occurred at 4:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 Maryland Avenue

1-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/24/52

St Mary's

Hampden

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

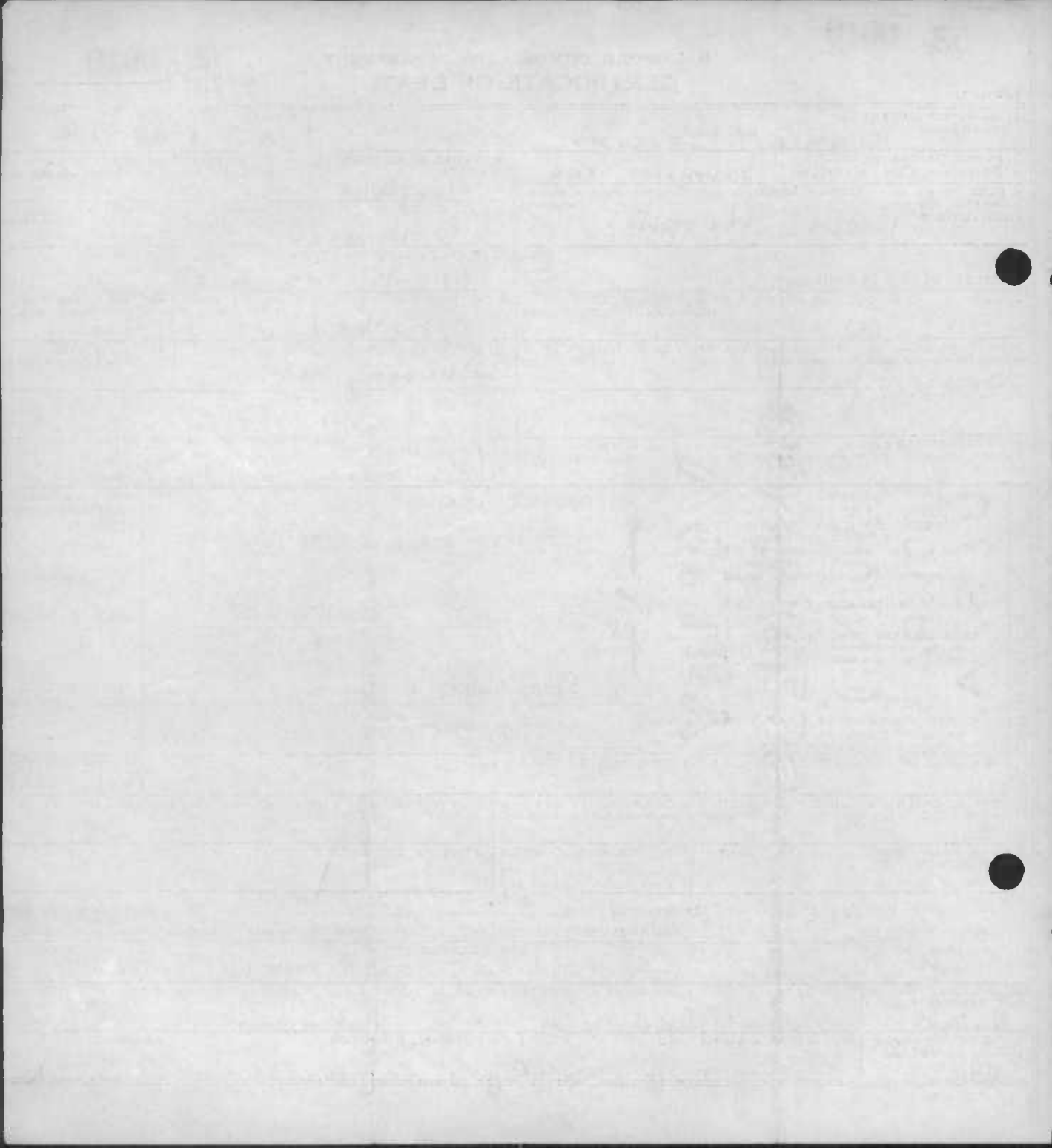
25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, M.D.

Paul E. Phelan, 3015 17th Street, N.W.



300 52 0620

52 0620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*William E Ott*2. DATE
OF
DEATH*Jan. 20 - 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*2708 Auchentoroly Terrace Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*2708 Auchentoroly Terrace*Length of stay in Baltimore *Life*

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Aug 11 - 1883*9. AGE (In years,
last birthday)*68*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired U.S. Letter Carrier*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Herman Ott

14. MOTHER'S MAIDEN NAME

*Carrie Zell*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.*219-05-6536*

17. INFORMANT

ADDRESS

*Mrs May Ott 2708 Auchentoroly Terrace*18. *442x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Myocarditis

DUE TO

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

?

(C)

*Atherosclerosis**?*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

II

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *1947*, to *Jan 20*, 19*52*, that I last saw the
deceased alive on *Jan 18*, 19*52*, and that death occurred at *7:35* A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter Spurner MD

M. D.

*3603 Edmondmore**1/21/52*24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial Jan 23 - 52**London OK**Baltimore Md*

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

*JAN 22 1952**Huntington Williams, M.D.**Frank H. Seitz 814 N 36th St*

OSW

98

OSW

98

RECEIVED

RECEIVED

260
52 0621BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0621
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter F. Kiser

2. DATE
OF
DEATH

Jan. 19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1334 W. Lombard St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

1334 W. Lombard St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1334 W. Lombard St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

Life

Male

White

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

House Painter

13. FATHER'S NAME

Const.

Ambrose Kiser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS 1334

Amelia Kiser

W. Lombard St.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Progressive Cerebral Softening

Arterio sclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1941, to Jan 19, 1952, that I last saw the
deceased alive on Jan 19, 1952, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 23/52

Loudon Park

Balto.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, M.D.

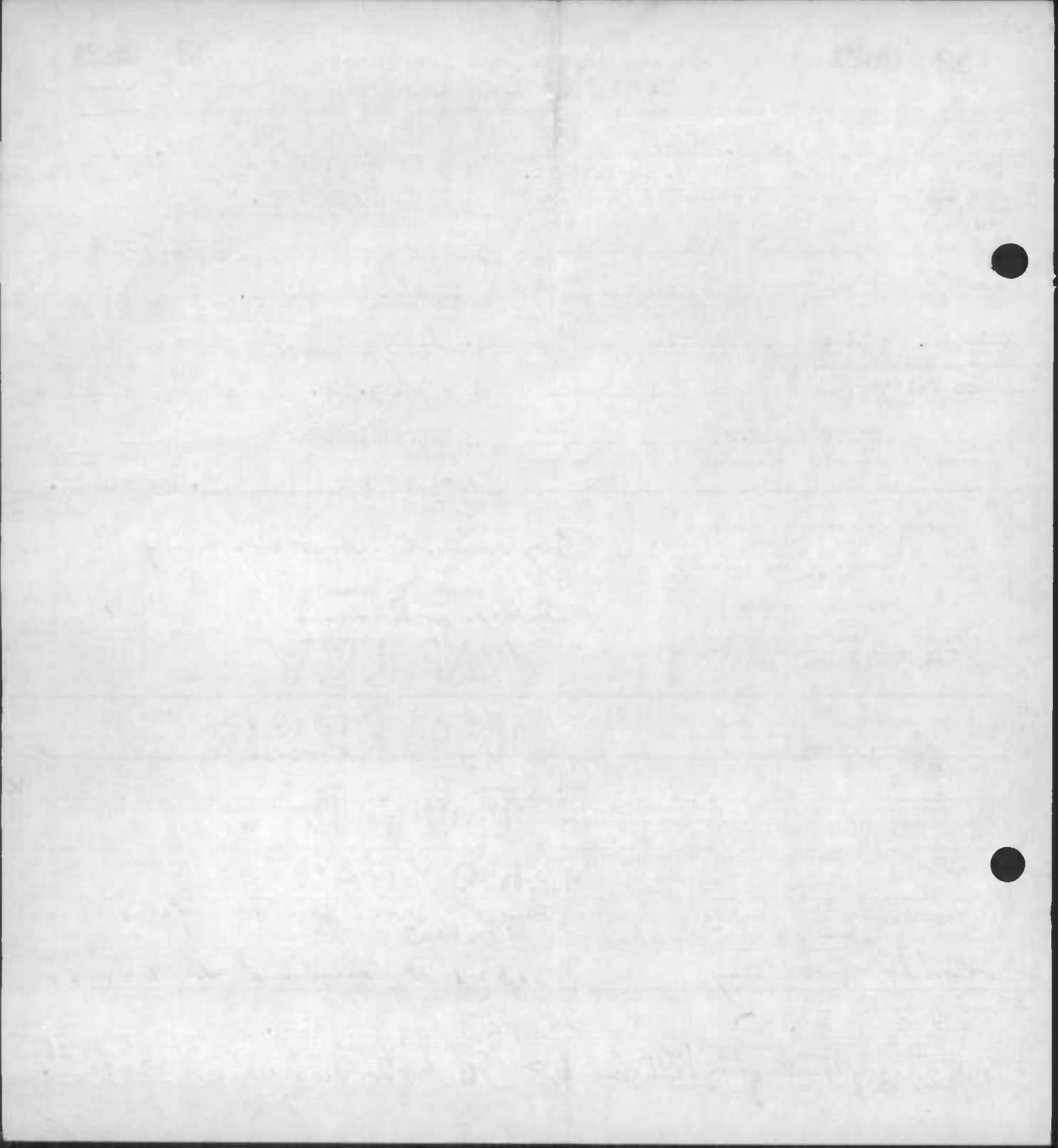
Philip H. Lewis Sons

2024
Orleans St.

VS 150

56424

83C



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Agnes Jondo</i>			2. DATE OF DEATH <i>1.20.52</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-08</i>		
D. Length of stay in Baltimore <i>37</i>			E. STREET ADDRESS (If rural, give location) <i>3701 E. Pratt St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3.26.1884</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Paulidino Palatucci</i>			14. MOTHER'S MAIDEN NAME <i>Felomena</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Frank Jondo 3122 Porter Ave.</i>		

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>443x I Pulmonary Aneurysm</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		(A) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive Cardiovascular Disease</i>		(B) DUE TO	
		(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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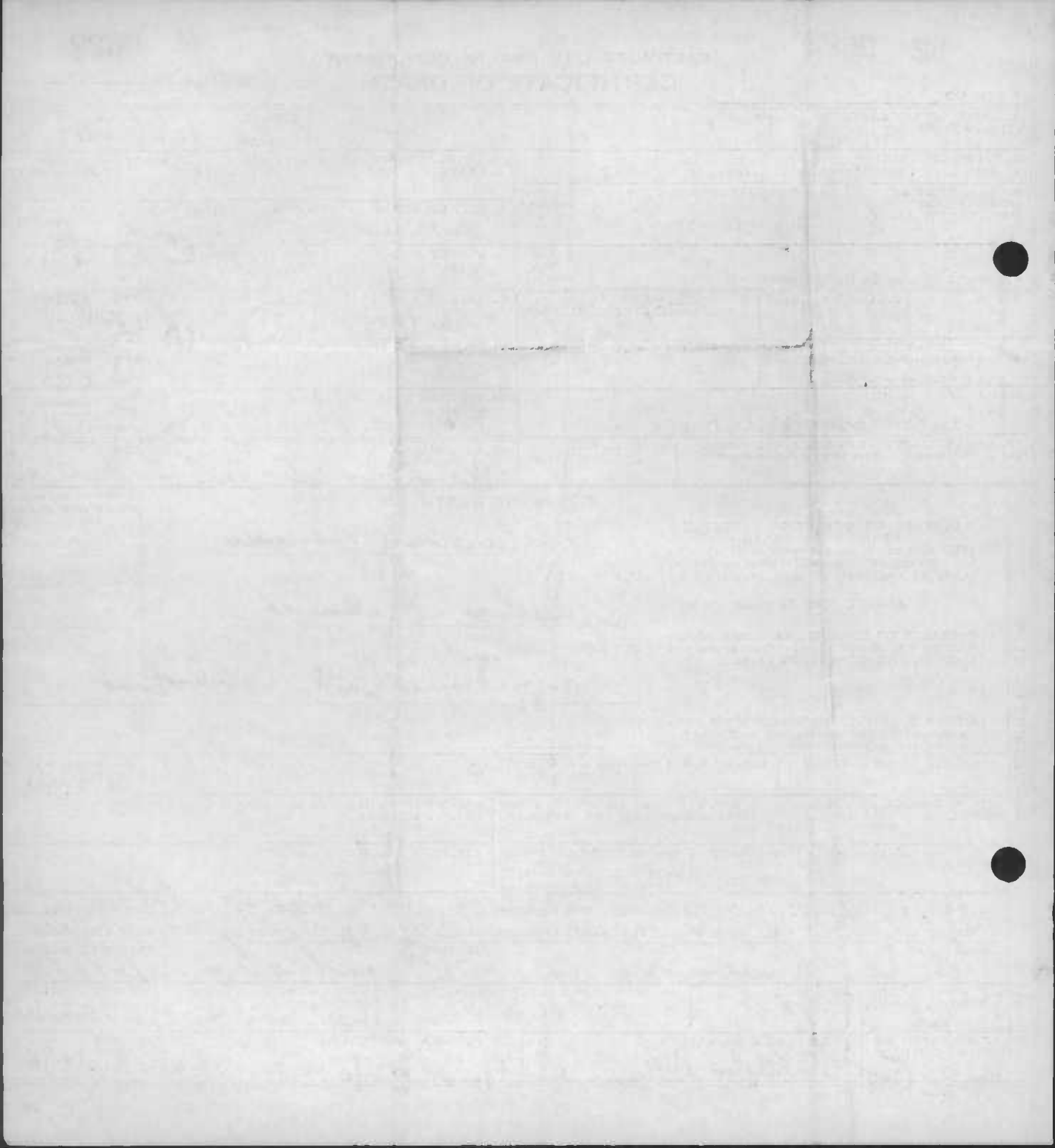
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
--	---	--

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from *Dec 14*, 19*52*, to *Dec 20*, 19*52*, that I last saw the deceased alive on *Dec 19*, 19*52*, and that death occurred at *3:30* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>William J. ...</i>	23B. ADDRESS <i>2711 ...</i>	23C. DATE SIGNED <i>1/21/52</i>
---	---------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-23-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Eastern Ave Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 22 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Paul Della Noce</i>	ADDRESS <i>3225 High St.</i>



52 0623

CERTIFICATE CORRECTED 1/31/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0623
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT L. POWELL JR.

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Bayview Ave + Dukeland*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE *Maryland* F. COUNTY *Harford*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Lutheran Hosp. of Md*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Harre de Grace

Length of stay in Baltimore

*45 days*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

113 N Washington St

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Nov. 28 - 1924*9. AGE (In years
last birthday)*37*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Electronic Machine Aberdeen Md*10B. KIND OF BUSINESS OR
INDUSTRY*Aberdeen Md*

11. BIRTHPLACE (State or foreign country)

*Aberdeen Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert L. Powell Sr

14. MOTHER'S MAIDEN NAME

*Mary Carter Powell*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

*Mrs Dorothy Powell 113 N. Wash St.*1B. *200.2*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Metastatic Neoplasm*
DUE TO (Probably retroperitoneal lympho-
sarcoma from retroperitoneal glands)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec. 6, 1951*, to *Jan. 21, 1952*, that I last saw the
deceased alive on *Jan. 21, 1952* and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

See C. Macapangan

23B. ADDRESS

M.D. Lutheran Hospital of Md.

23C. DATE SIGNED

*1/21/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

1-24-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Erin Cem

24D. LOCATION (City, town, or county)

Harre de Grace Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*JAN 22 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo L. Beger Jr. 1512 Hollins St

ADDRESS

Balto. 23 Md

VS 150

*for Pennington & Son
59491 Harre de Grace Md**46 H*

MEDICAL CERTIFICATION

See Document File 52-0623

1/31/52 ES

263

Dr. Earl Chambers 900 Eastcoast Plaza BE 0634

52 0624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0624

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James V. Haggerty

2. DATE
OF
DEATH

1/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

A. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

8-02

D. STREET ADDRESS (If rural, give location)

2241 E. North Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

Male

White

Widowed

6/12/1873

78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR INDUSTRY

Brk Steel Co

11. BIRTHPLACE (State or foreign country)

Johnstown Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dennis Haggerty

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anne Thompson 3701 Mohawk Ave

18. 4200 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Anterior-Septal Heart
Disease with
Auricular Fibrillation

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

- Generalized Anterior Sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1951, to Nov. 11, 1951, that I last saw the deceased alive on Nov. 11, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

1/22/52

Johnstown

Pa

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington

E. D. O.

Wm Cook Inc. 1217 St. Paul St.

6/16 52 0625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0625
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Peter Sharper*2. DATE
OF
DEATH*Jan 21, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1760 Livell Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**2-07*

D. STREET ADDRESS (If rural, give location)

1760 Livell Ave.

length of stay in Baltimore

*35 yrs.*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*Colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widower*

8. DATE OF BIRTH

*Dec 3, 1883*9. AGE (in years
last birthday)*68*10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired Steel Worker*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Washington D.C.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Sharper

14. MOTHER'S MAIDEN NAME

*Bella?*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No.*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mary Evans*18. *442 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Hypertensive cardio-
renal disease
(uremia)**6 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Rheumatoid arthritis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from *1/17*, 19*52* *1/21*, 19*52* that I last saw the
deceased alive on *1/18*, 19*52* and that death occurred at *5:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

*E. E. Krowne, M.D.
Baltimore, MD*

23C. DATE SIGNED

*1-22-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan 25/52

24C. NAME OF CEMETERY OR CREMATORY

Florence S.C.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*Mrs. Robert A. Elliott & Daughter**1129 M. Caroline St.*

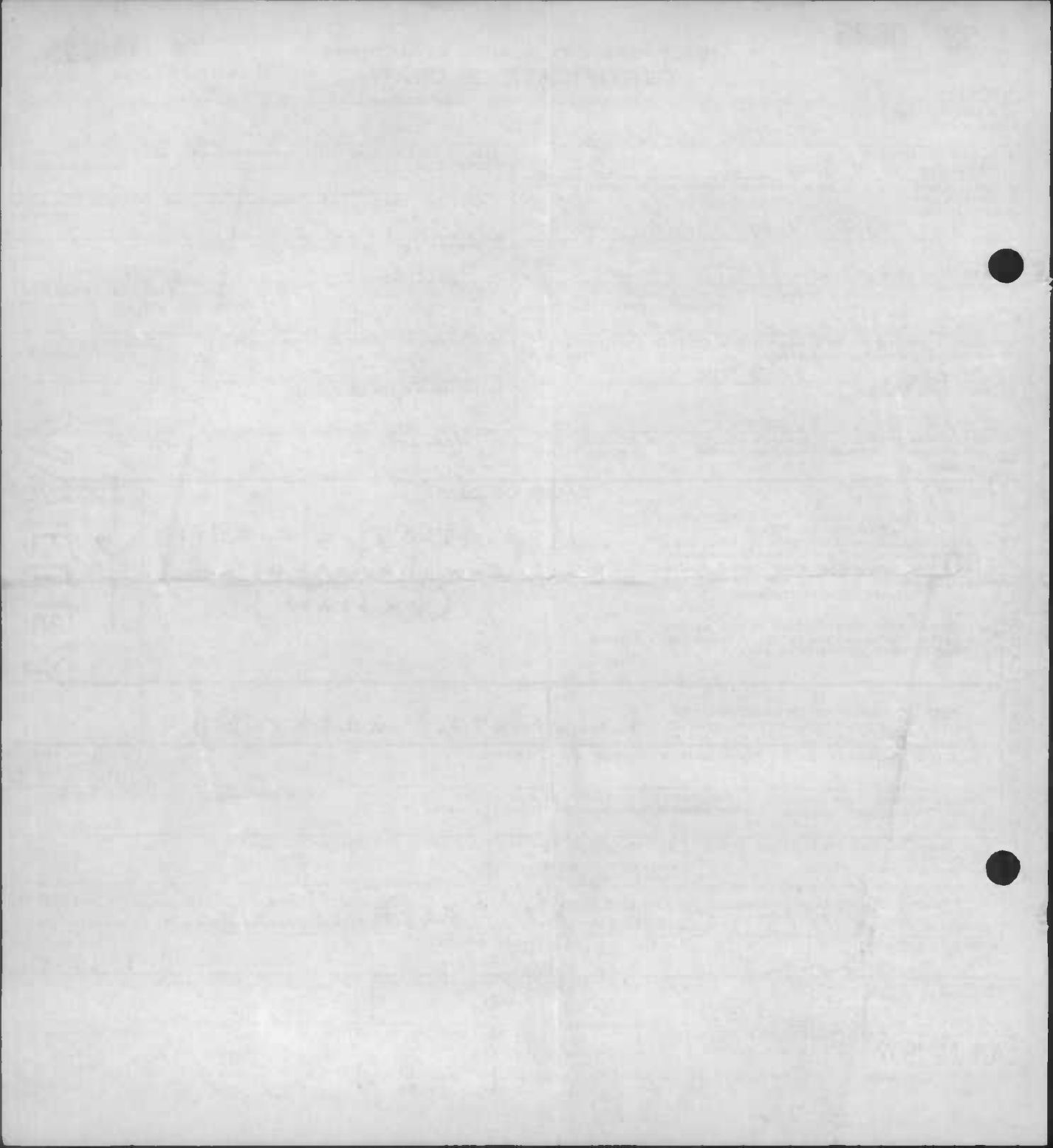
VS 150

690 3A

121a

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300 52 0626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0626

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Hood

2. DATE
OF
DEATH

Jan 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Johns Hopkins

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-01

D. STREET ADDRESS (If rural, give location)

1311 E Monument ST

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov 28, 1911

9. AGE (In years
last birthday)

21

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR
INDUSTRY

See

11. BIRTHPLACE (State or foreign country)

Bethesda, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fayette Hood

14. MOTHER'S MAIDEN NAME

Gertrude Witherspoon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edna Green 1311 E Monument St

18.

E981X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Gun shot wound of Abdomen

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) With Intra and Retroperitoneal

DUE TO

(C) Hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Tavern

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Bond and Monument Streets

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan. 18, 1952 9:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Schmitt

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Jan 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem

24D. LOCATION (City, town, or county)

A. A. County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

Jan 22, 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. B. A. Elliott & Dgt.

ADDRESS

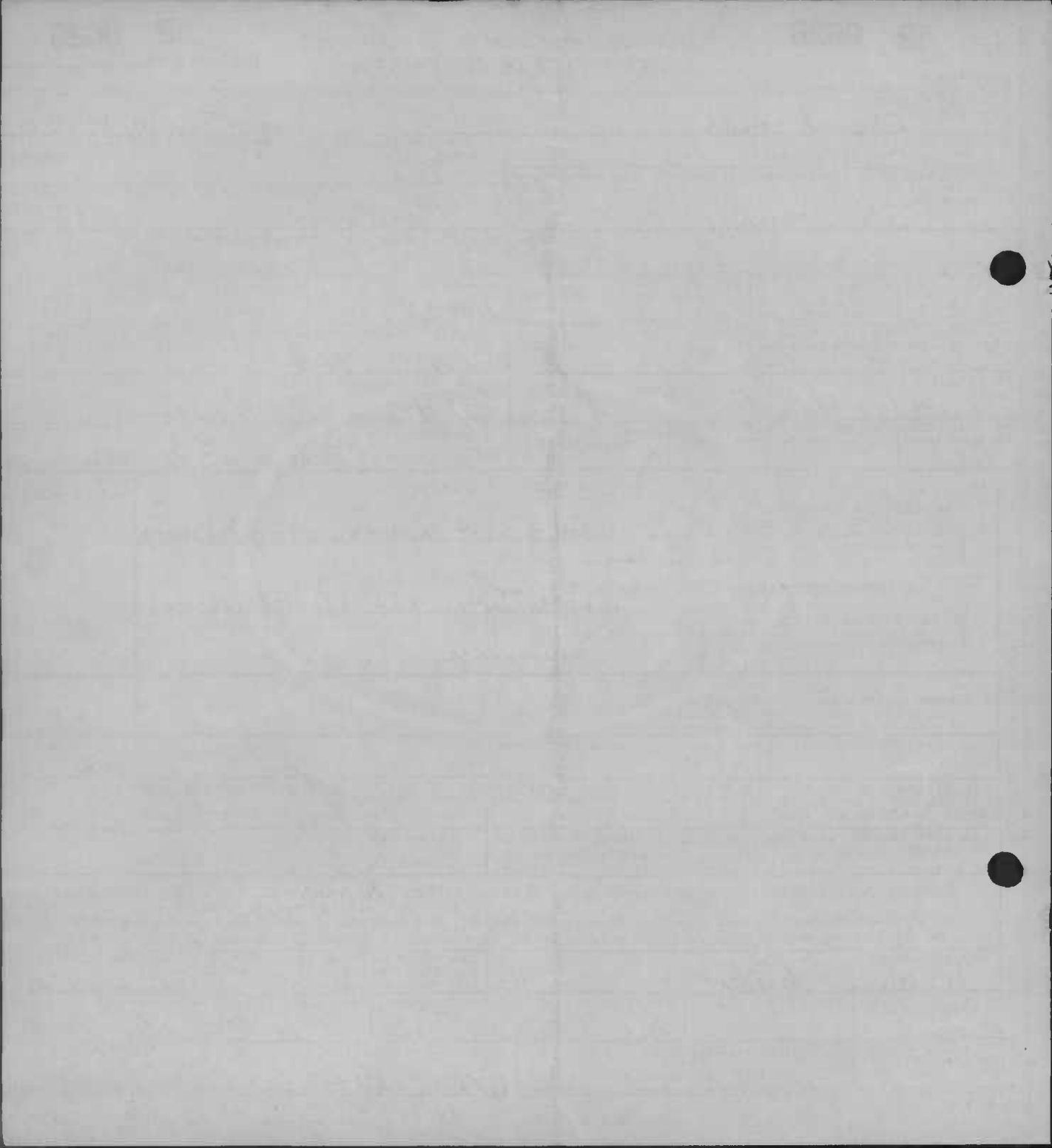
1129 N. Caroline St

VS 151

N-868.4

97099

166



correct age is especially important. Physicians write the causes of death clearly and legibly.

340 52 0627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0627
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT

STEELE

2. DATE
OF
DEATH

Jan. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

622 N. Eden Street

Length of stay in Baltimore

10 yrs.

Yrs.
Mos.
Days

SEX
male

6. COLOR OR RACE
colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 12, 1919

9. AGE (In years
last birthday)

32

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer - Bass City

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Anson County N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Have Steele

14. MOTHER'S MAIDEN NAME

Lola Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

245-30-3173

17. INFORMANT

ADDRESS

Lola Allen Steele 736 Patterson

18. E 9125

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of head and chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

ditch-street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Gilmor & Cole Streets

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Jan. 17, 1952 8:30 A. m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Struck by crane

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

Jan 22 1952

Wadsworth N. C.

Wadsworth N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

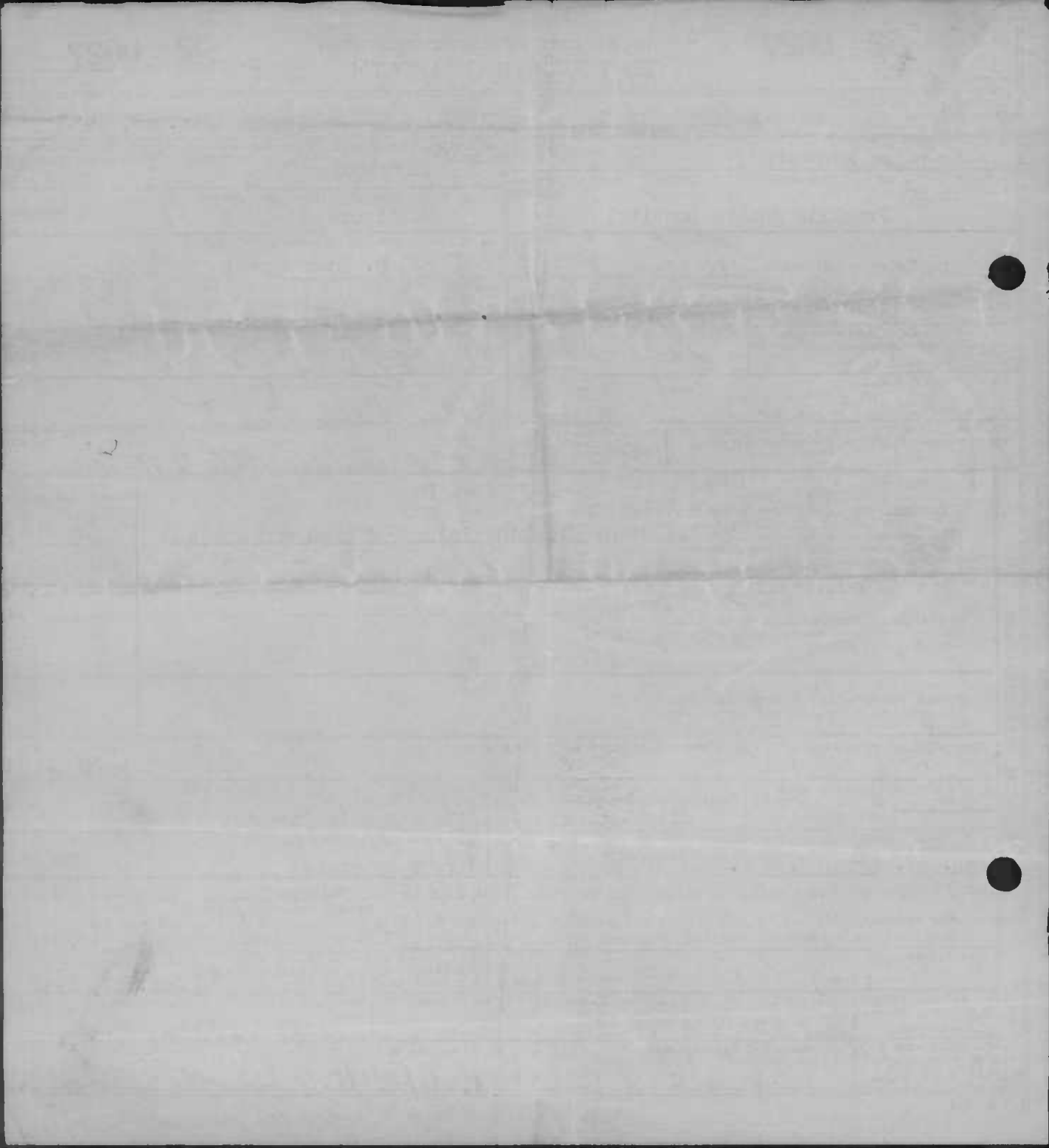
Mr. Robert A. Elliott, Daugherty

V S 151

N-804.2

97093

11297. Caroline St. 176



626 52 0628

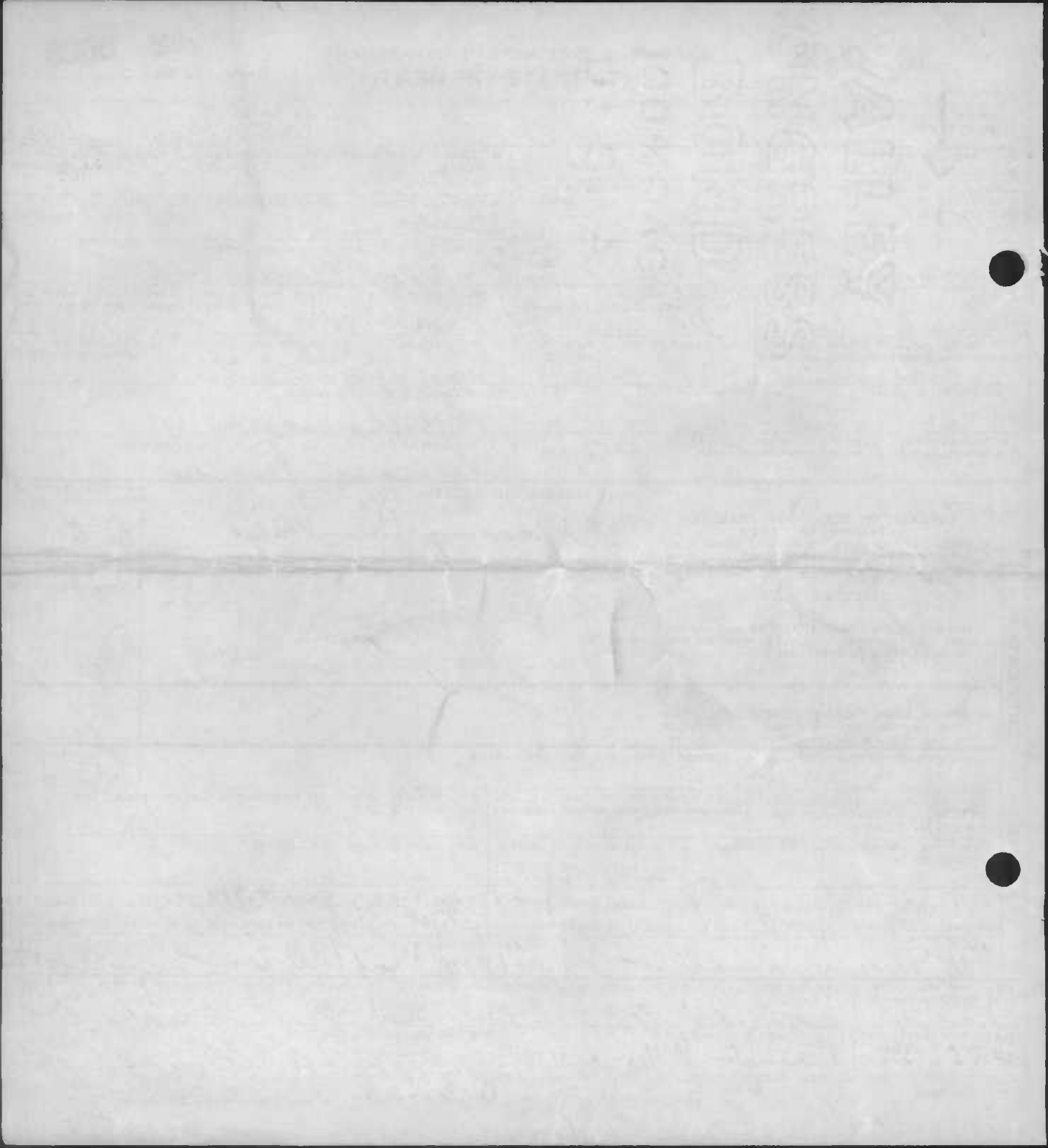
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0628
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Susan Frazier</i>			2. DATE OF DEATH <i>January 18/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-03</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2422 Brentwood Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. LENGTH OF STAY IN BALTIMORE <i>53 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2422 Brentwood Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>March 15, 1869</i>		9. AGE (In years last birthday) <i>82</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>King George Co. Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>William Frazier</i>		

18. <i>4201</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH <i>Coronary Thrombosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>History Indefinite</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	DUE TO (A) _____ (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 18-1864, 1952</i> , to <i>Jan. 18-7 PM 1952</i> , that I last saw the deceased alive on <i>Jan 17, 1952</i> , and that death occurred at <i>7:30 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>P. Garbark Shisell</i>		23B. ADDRESS <i>1534 Druid Hill Ave</i>		23C. DATE SIGNED <i>Jan 21, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		25. FUNERAL DIRECTOR <i>Mr. Robert A. Elliott & Daughters</i>		ADDRESS <i>11297 Caroline St</i>	



635 52 0629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0629

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Burton

2. DATE
OF
DEATH

Jan 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1309 N. Bond St.

Yrs.
Mos.
Days

Length of stay in Baltimore

32 yrs.

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

April 3, 1913

9. AGE (in years
last birthday)

38

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Hayward Burton

11. BIRTHPLACE (State or foreign country)

Roxboro N. C.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Bess Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

242-09-1997

17. INFORMANT

ADDRESS

Annie Burton 1309 N. Bond St.

18. 353.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Status Epilepticus

DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Epilepsy, anoxemia with

DUE TO

(C) aspiration Pneumonia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Blindness with optic nerve disease

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 14, 1952 to Jan 20, 1952, that I last saw the
deceased alive on Jan 19, 1952 and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Puffer

M. D.

23B. ADDRESS

1422 E. Pratt

23C. DATE SIGNED

1/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal Jan 23/52

Jan 23/52

Sturheim

N. Carolina

N. Carolina

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, M.D.

Mrs. Ruth E. Elliott & Daughter

1129 N. Caroline St.

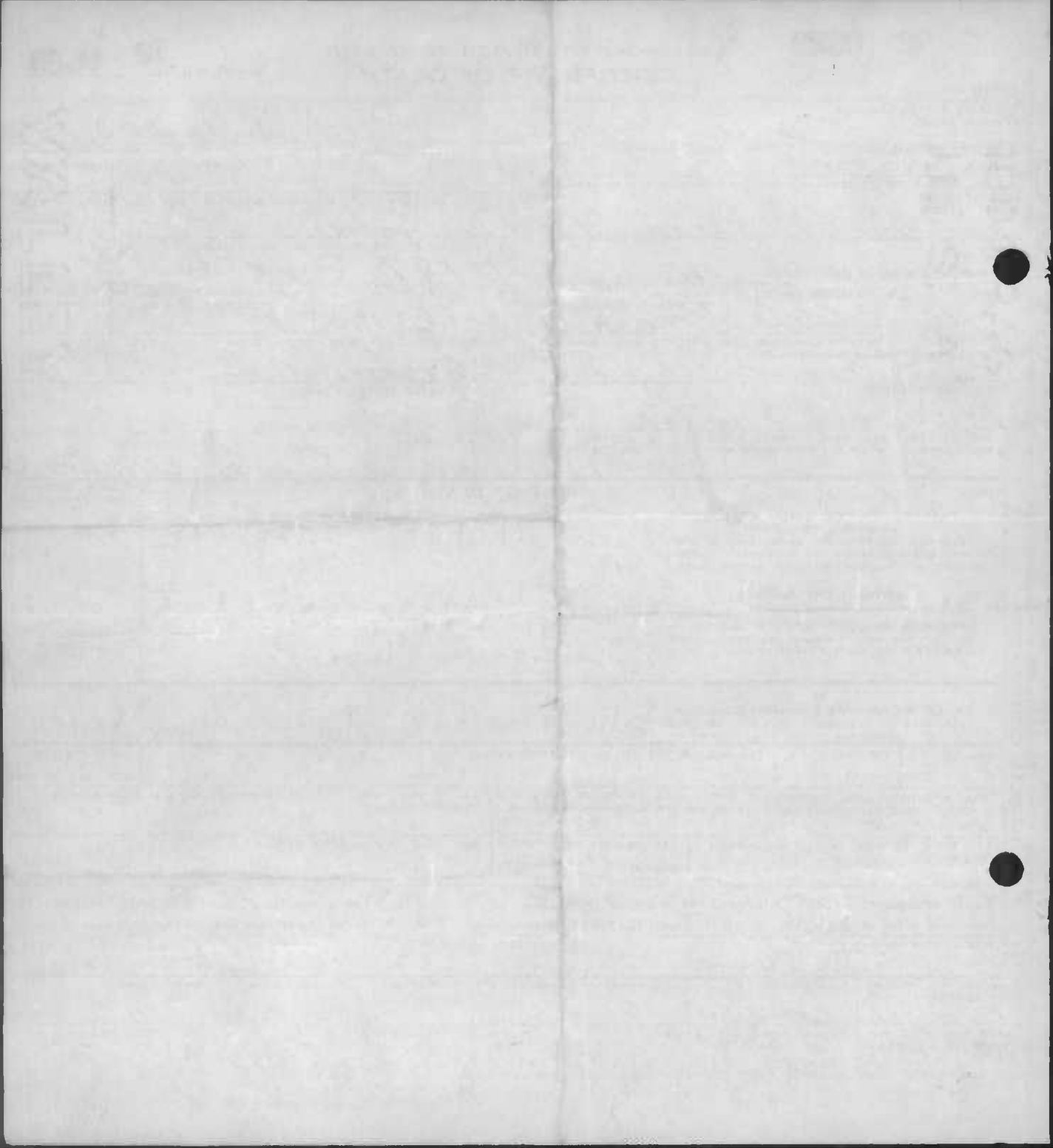
VS 150

97099

85

MEDICAL CERTIFICATION

Correct age is extremely important. Physicians please write the cause of death clearly and accurately.



240
52 0630BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0630
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) TENNESSEE MOSELY			2. DATE OF DEATH JAN 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-2			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1215 Chatham St.		
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-4-01	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		
11. BIRTHPLACE (State or foreign country) M.C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Calvin Mosely			14. MOTHER'S MAIDEN NAME Martha Withrow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			6. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

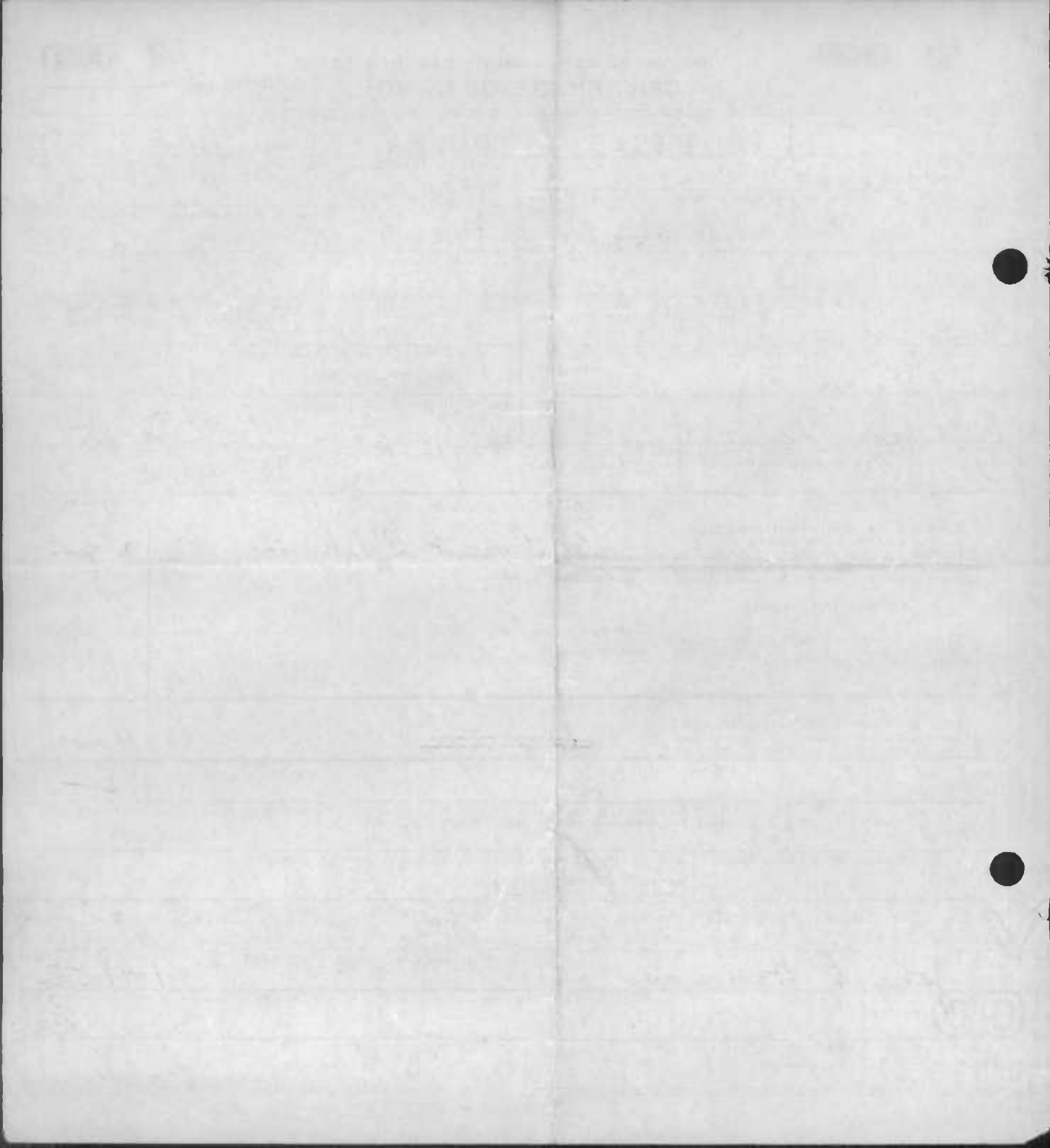
18. 445X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malignant Hypertension DUE TO	CAUSE OF DEATH Malignant Hypertension DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension		4 mos.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-24-1951**, to **1-18-**, 19**52** that I last saw the deceased alive on **1-18-**, 19**52**, and that death occurred at **11:25** a.m., from the causes and on the date stated above.

23A. SIGNATURE **John L. Hederman** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **1-19-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 23/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	24D. LOCATION (City, town, or county) (State) A. County Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1952		25. FUNERAL DIRECTOR Miss Robert A. Elliott & Daughter ADDRESS 1129 N. Caroline St.	



420 52 0631

52 0631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Joseph

Wallace

2. DATE

OF

DEATH

Jan-19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

701 Harlem Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

701 Harlem Avenue

17-03

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April-1-1884

9. AGE (In years last birthday)

57

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Skill Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Revere Copper

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph

Wallace

viewills (m)

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alverta Wallace 701 Harlem Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

0-19-52

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive

DUE TO

(C)

Vascular Renal Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1952 to 1-19, 1952 that I last saw the deceased alive on 1-19, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/23/1952

Mt. Arburn Cem.

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, M.D.

Elmer J. Wilson 1000 Brantley Ave

VS 150

9703E

131a

MEDICAL CERTIFICATION

General Management
Hypothetical
Management - Kind of

1-17 1944
Mr. C. L. ...
1-17 1944

452
52 0632
425-

BALTIMORE CITY HEALTH DEPARTMENT

52 0632

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		Edward Williams	
1. NAME OF DECEASED (Type or Print)		Near John Wilson	
2. DATE OF DEATH		Jan 19, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 542 N. Carrollton Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored	Married	9-19-1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday)
Labrador	on General		56
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Virginia	U. S. A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Wilson	Grace Onley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
no		JOHNS HOPKINS HOSPITAL	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) antenatal + hypertensive DUE TO cardiovascular renal disease (B) 25 DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH over 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

chronic arteriosclerosis in pulmonary emphysema

unknown

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-52, 1952 to 1-19-52, that I last saw the deceased alive on 1-19-52, and that death occurred at 12:45 pm, from the causes and on the date stated above.

23A. SIGNATURE Richard Johns	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 20 Jan 52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	1-22-52	Arbutus	Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Chas O. Wilson	ADDRESS 1000 Blandly Ave 131a
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VALLEY
CONGRESS
FUND
IN SPAC
H. E. A.

235
52 0633

52 0633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>West Myer, Regis</i>		2. DATE OF DEATH <i>1/20/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>9-02</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home & Hospital</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. length of stay in Baltimore <i>14</i>		8. STREET ADDRESS (If rural, give location) <i>1505 Oakridge Rd</i>	
9. SEX <i>M</i>	10. COLOR OR RACE <i>C</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	12. DATE OF BIRTH <i>March 5, 1915</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bethlehem Steel</i>		14. KIND OF BUSINESS OR INDUSTRY <i>Steel work</i>	
15. FATHER'S NAME <i>West Myer, John</i>		16. MOTHER'S MAIDEN NAME <i>Lamb, Mary</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		18. SOCIAL SECURITY NO. <i>39211</i>	
19. INFORMANT <i>Helen West Myer wife</i>		20. ADDRESS <i>1505 Oakridge Rd</i>	

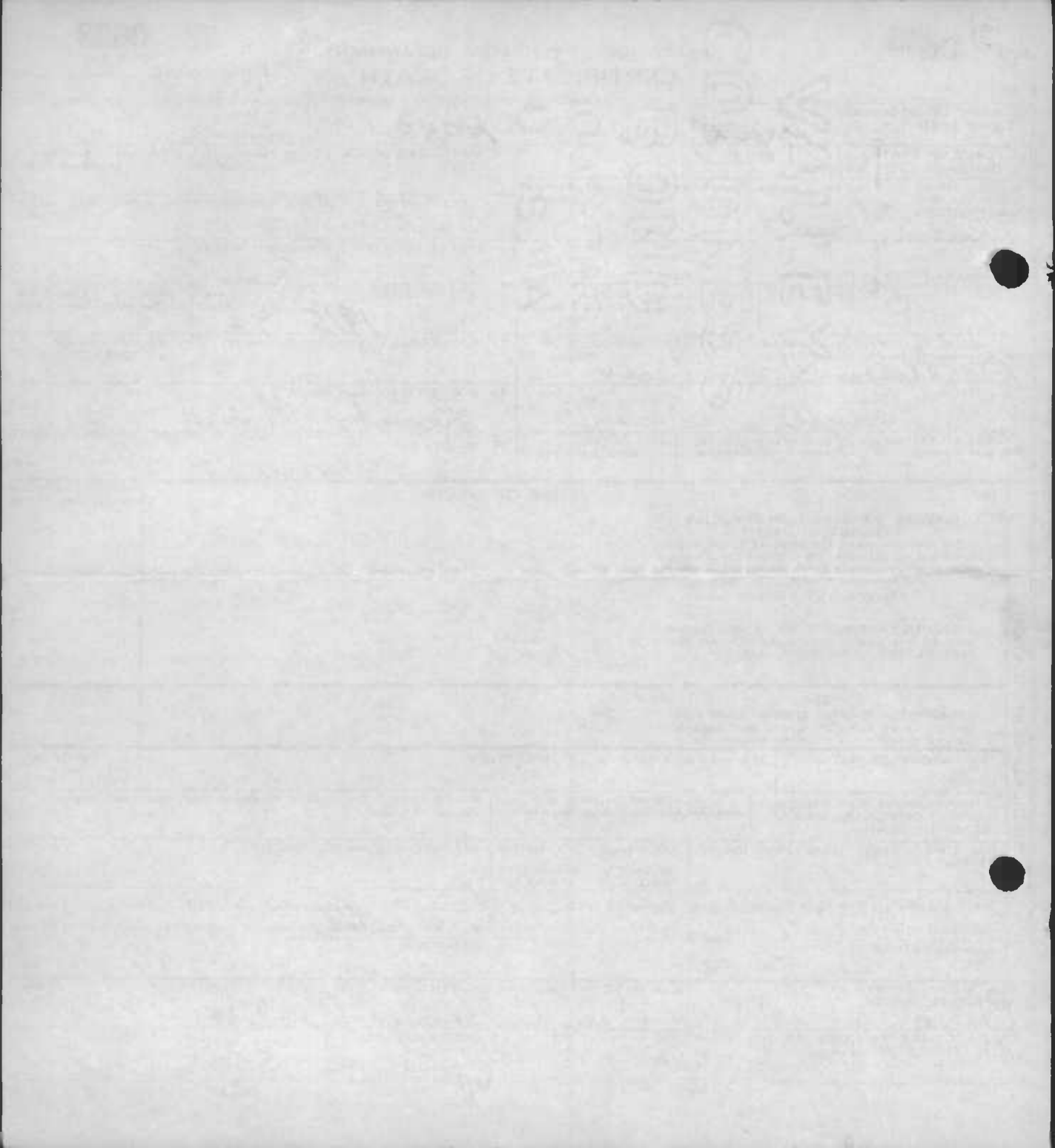
MEDICAL CERTIFICATION

18. 39211 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain abscess & typhoid</i>		19. CAUSE OF DEATH (A) <i>Brain abscess & typhoid</i> DUE TO (B) <i>Otitis media non suppurative</i> DUE TO (C) <i>Otitis myelitis & petrosus</i>	20. INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i> <i>long standing</i> <i>2 wks.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/19/52</i> , 19 <i>52</i> , to <i>1/20/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1/20/52</i> , 19 <i>52</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John H. Howard</i>		23B. ADDRESS <i>Church Home & Hosp.</i>		23C. DATE SIGNED <i>1/21/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-24-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. LOCATION (State) <i>MD</i>		25. FUNERAL DIRECTOR <i>L. J. Ruck</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>5305 Harford</i>	

6903A

89a



0634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0634

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss G WEN DOLYN GONDER

2. DATE
OF
DEATH

1/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St Agnes' Hosp.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Anne Arundel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Pasadena

D. STREET ADDRESS (If rural, give location)

Cottage Grove Beach

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4-13-1916

9. AGE (in years
last birthday)

35

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Telephone Operator

13. FATHER'S NAME

Charles E. Gonder

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Isabelle Steelberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

218-01-7134

17. INFORMANT

ADDRESS

Parents -

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

CAUSE OF DEATH

Congestive Failure

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Mild Insufficiency

(C) ...

Deformity of Thorax

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1952, to 1/21, 1952, that I last saw the
deceased alive on 1/21, 1952, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1952

Huntington Williams, M.D.

L. J. Buck

5305 Harford Rd

VS 150

370 5A

92B

correct as is appearing important. Infants - please write the cause of death clearly and

MEDICAL CERTIFICATION

1930 22

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560
52 0635BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0635
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fanni L. Kanner

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2117 Denison St

4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Crawford Reheat

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-42

D. STREET ADDRESS (If rural, give location)

2117 Denison St

5. SEX

Female White

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

B. DATE OF BIRTH

75

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lecassa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Aricum

14. MOTHER'S MAIDEN NAME

Tota Huda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Myer Robinson - 4007 Emden Rd

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial insufficiency

DUE TO

(B) Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 to Jan. 21, 1952, that I last saw the deceased alive on Jan. 20, 1952, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Silber S. Levy

23B. ADDRESS

2322 Emden Pl

23C. DATE SIGNED

1-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-22-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friends

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY

JAN 22 1952

REGISTRAR'S SIGNATURE

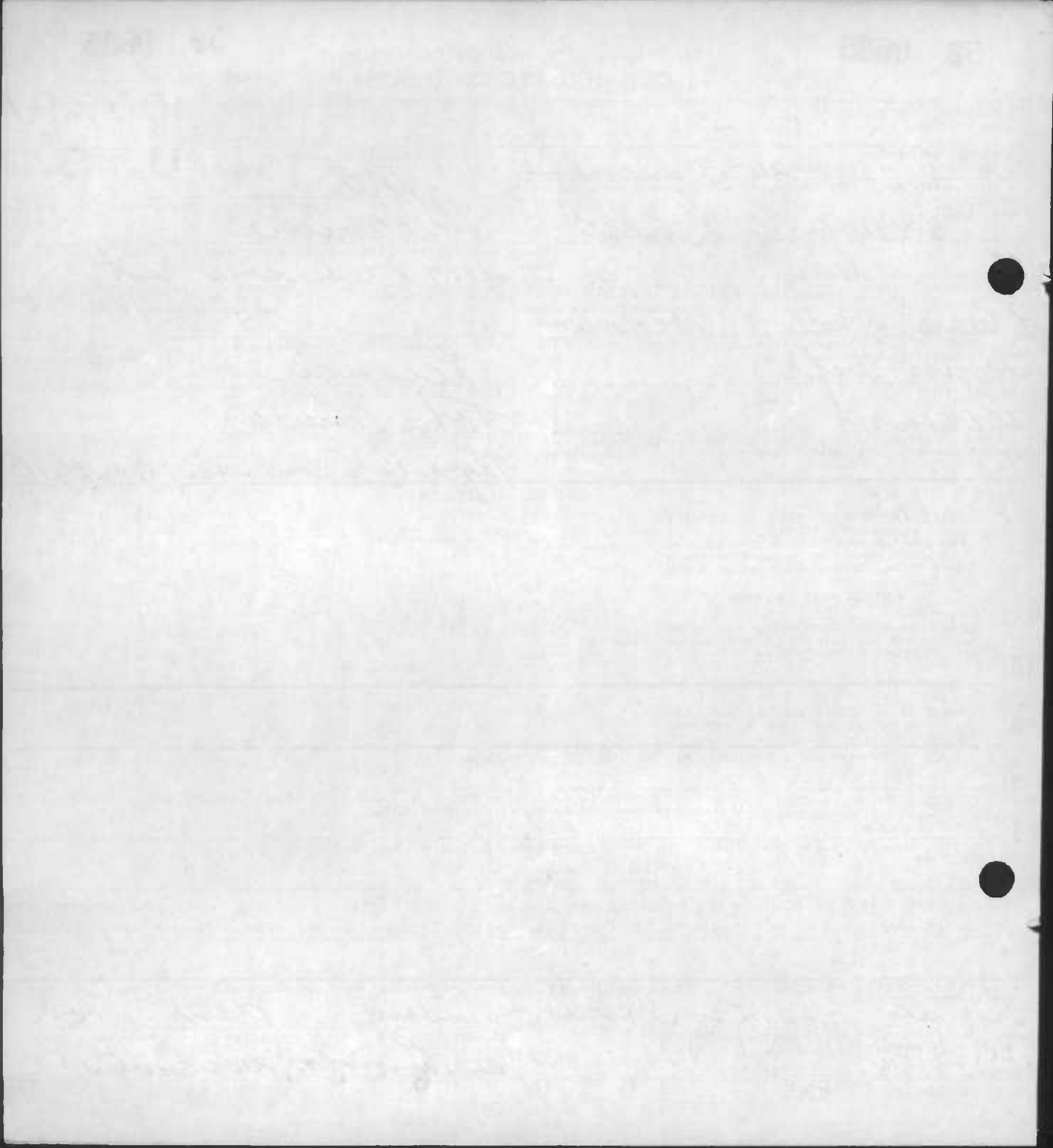
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewin

ADDRESS

2100 Emden Pl



161
52 0636BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0636

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rebecca Sborofsky

2. DATE
OF
DEATH

Jan 22, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-37

d. STREET ADDRESS (If rural, give location)

3320 Gwynno Plav.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-82

9. AGE (In years
last birthday)

78

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Sobie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Sborofsky - Same

18. 152X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of duodenum with
metastases

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952, to 1/22, 1952, that I last saw the
deceased alive on 1/22, 1952, and that death occurred at 7:15 p.m., from the Johns Hopkins Hospital on the date stated above.

23a. SIGNATURE

R. B. Martin

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

1/22/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

1-23-52

24c. NAME OF CEMETERY OR CREMATORY

Serring Run

24d. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Jacob Sborofsky 2100 Gwynno Pl

25. FUNERAL DIRECTOR

ADDRESS

6000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Wm. Danzeglock

2. DATE
OF
DEATH

Jan. 21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 822 N. Montford Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

822 N. Montford Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

822 N. Montford Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Guard

10B. KIND OF BUSINESS OR INDUSTRY

Guard (Police)

13. FATHER'S NAME

Justice Danzeglock

8. DATE OF BIRTH

June 14, 1874

9. AGE (in years last birthday)

77

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
214-12-3652

17. INFORMANT ADDRESS
Mr. James Stevenson, 822 N. Montford Ave.

18. *4/22/52* I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Pulmonary Edema*

DUE TO

1 h.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic Myocardial Disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1952, to Jan 21, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 8:01 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Brill

M. D.

23B. ADDRESS

1221 N. Luzerne Ave

23C. DATE SIGNED

1/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Jan. 24/52

24C. NAME OF CEMETERY OR CREMATORY
Balto. Cem.

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

ADDRESS

Philip's Burial Service 2024 Orleans St.

JAN 22 1952

Dear Mr. [illegible]

Thank you for [illegible]

Yours truly [illegible]

[illegible]

Yours truly [illegible]

[illegible]

260
52 0638

52 0638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK G. ESEA

2. DATE
OF
DEATH

JAN 20 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

604 WOODBOURNE AVE

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

MARY LAND.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

604 WOODBOURNE AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

FEB 22 1869

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED INSURANCE AGENT METROPOLITAN LIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY ESEER.

14. MOTHER'S MAIDEN NAME

VERONICA HUBER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE.

17. INFORMANT

ADDRESS

ELIZABETH MACINNIS 604 WOODBOURNE AVE.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Cerebral Hemorrhage

(B)

DUE TO

Cerebral Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

YEARS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 31, 1948, to JAN 20, 1952, that I last saw the
deceased alive on JAN 19, 1952 and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony F. Carozza

23B. ADDRESS

5217 YORK RD

23C. DATE SIGNED

1-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JAN 23 1952

24C. NAME OF CEMETERY OR CREMATORY

MT CARMEL CEM

24D. LOCATION (City, town, or county)

O'DONELL ST

(State)

MD.

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

D. Appel Bldg? 1800 E LOMBARD ST

VS 150

82a

MEDICAL CERTIFICATION

WATKINS
COASTAL
BOARDS
NEW YORK
NEW YORK

620
AB-104956
52 0639BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0639
Registered No. _____

1. NAME OF DECEASED (Type or Print) William Bradford Price			2. DATE OF DEATH Jan. 21-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If same as location) Baltimore City Hospitals 210 S CASTLE ST		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 11-1913	9. AGE (in years last birthday) 38	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME WILLIAM Henry Price			12. CITIZEN OF WHAT COUNTRY? U. S. A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			14. MOTHER'S MAIDEN NAME MARY Agnes Kernan		
16. SOCIAL SECURITY NO. NONE			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Chronic Nephrotic		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-2-		19B. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY'? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-2- , 19 46 to 1-21- , 1952, that I last saw the deceased alive on 1-21- , 1952, and that death occurred at 10.40 AM , from the causes and on the date stated above.					
23A. SIGNATURE P. S. Doyen M. D.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 1-22-1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JAN 25 1952	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM	24D. LOCATION (City, town, or county) (State) 4430 BELAIR RD.
DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Leffel Bros 1800 E LOMBARD ST	

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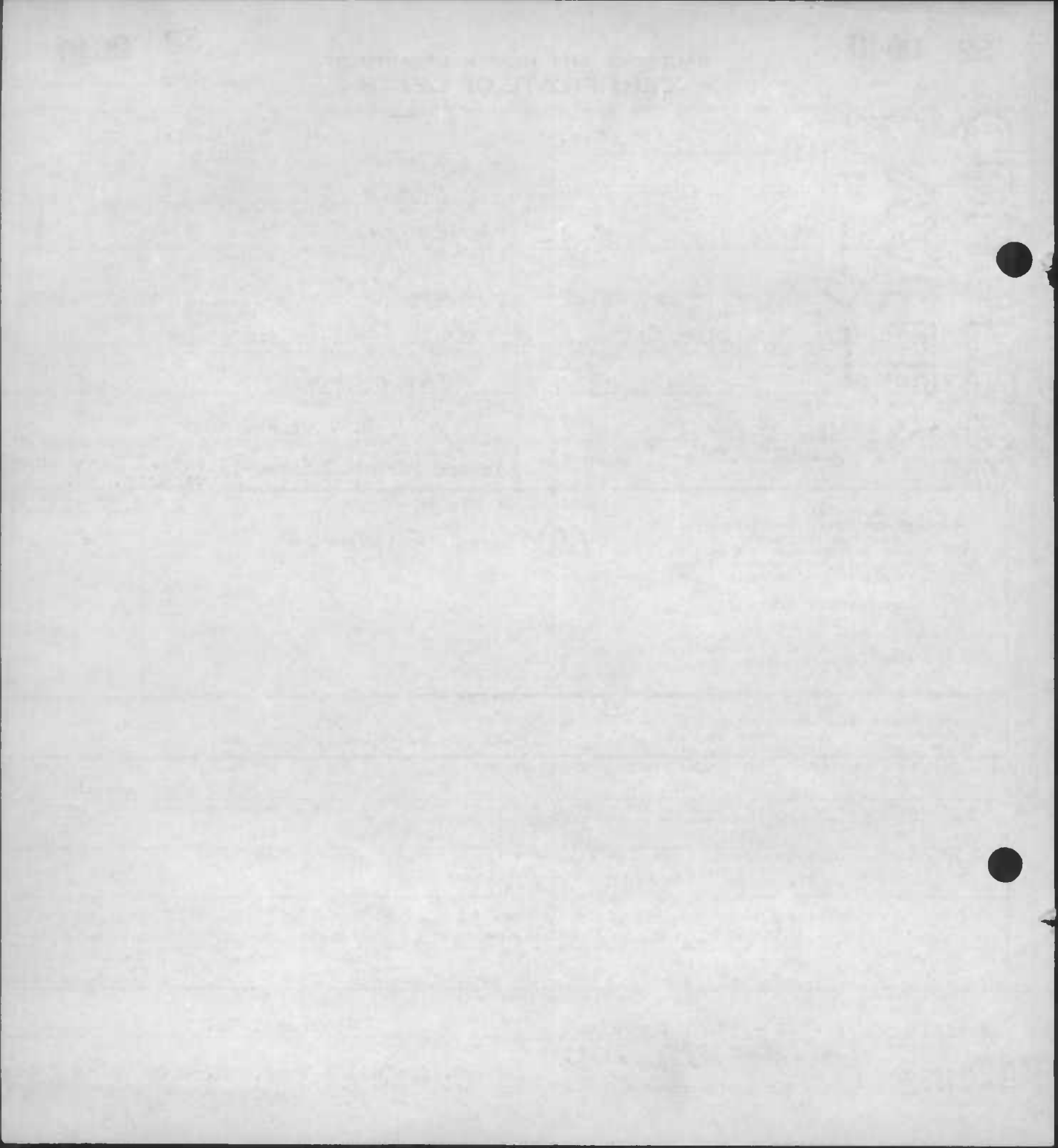
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52 0641
P-421BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0641

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH M. PULSFORT

2. DATE
OF
DEATH

January 20, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 917 S. Clinton St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

917 S. Clinton St.

26-11

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

December 13, 1864

9. AGE (In years last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John T. Pulsfort

14. MOTHER'S MAIDEN NAME

Elizabeth Bocklage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Hock 917 S. Clinton St.

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) _____

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

Coronary thrombosis.

Hypertension Cardio vascular

disease.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951, to Jan 20, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 11:55 A.M. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

(State)

7401 German Hill Rd. Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

901 S. Conkling St.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TO : DIRECTOR, FBI (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

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23. [Illegible]

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95. [Illegible]

96. [Illegible]

97. [Illegible]

98. [Illegible]

99. [Illegible]

100. [Illegible]

30 52 0642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0642

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1952 to 1/22, 1952, that I last saw the
deceased alive on 1/22, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VALLEY
COUNCIL
BOND

52

0643

CERTIFICATE CORRECTED 2-13-52

52

0643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

VMC-155790

BIRTH NO.

22-01580

1. NAME OF DECEASED
(Type or Print)

Baby Girl (Mary) Robinson

2. DATE

OF

DEATH

20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

223 W. Lanvale St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 19, 1952

9. AGE (in years
last birthday)10 Under 1 Year
Months Days

2

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ned Robinson

14. MOTHER'S MAIDEN NAME

Mary Birchett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Records- Baltimore City Hospitals
4940 Eastern Avenue

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18-1952, to 1-20-1952 that I last saw the
deceased alive on 1-20-1952, and that death occurred at 6:55 A. M. from the causes and on the date stated above.

23A. SIGNATURE

J. S. Cohen

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

1-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

1-21-52

B. C. H. Hospitals

4940 Eastern Avenue

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

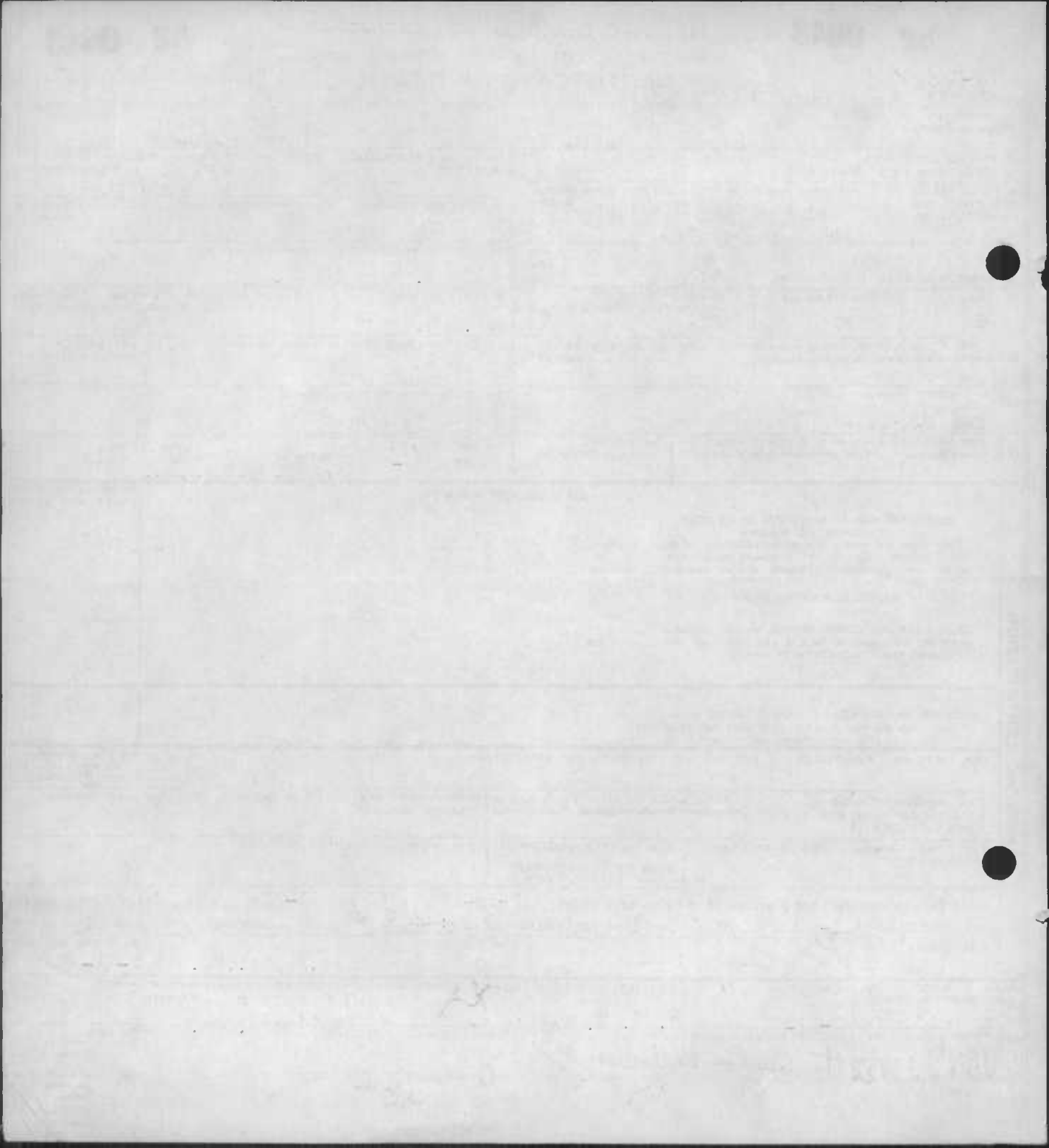
0 4 4 2

VS 150

159

Corrected is extremely important. Physicians, please write the cause of death clearly and fully.

MEDICAL CERTIFICATION



52 0644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0644

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MAY SPARKS

2. DATE
OF
DEATH

Jan. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. Length of stay in Baltimore

76

Yrs.

Mos.

Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Alvin S. Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

no

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Pikesville

D. STREET ADDRESS (If rural, give location)

256 Rodgers Forge Rd #12

8. DATE OF BIRTH

April 24, 1875

9. AGE (In years,
last birthday)

76

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Elizabeth Davis

17. INFORMANT

ADDRESS

Mr. James W. Sparks - 256 Rodgers Forge Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis

DUE TO

II

(C)

Diabetes mellitus

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 13, 1952, to Jan. 22, 1952, that I last saw the
deceased alive on Jan. 22, 1952, and that death occurred at 5:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Maryland General Hospital

1-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/25/52

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

St. Mary's Tichenor & Sons

Baltimore, Md.

52 0645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0645

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HARRY WILLIAM BURGESS

2. DATE
OF
DEATH

JAN 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4004 Hayward Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

MAY 5 1877

9. AGE (in years,
last birthday)

74

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Firefighter

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Burgess

14. MOTHER'S MAIDEN NAME

Catherine Sommerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

Spanish American

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Lillie M. Burgess-4004 Hayward Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

PULMONARY TUBERCULOSIS

OCT 1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

ARTERIOSCLEROTIC CV

7

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

DIS - CEREBRAL THROMBOSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 1951 to JAN 1952, that I last saw the
deceased alive on JAN 20, 1952, and that death occurred at 3:44 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Vernon Langelutten

M. D.

23B. ADDRESS

715 N. Charles St.

23C. DATE SIGNED

JAN 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/24/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

VS 150

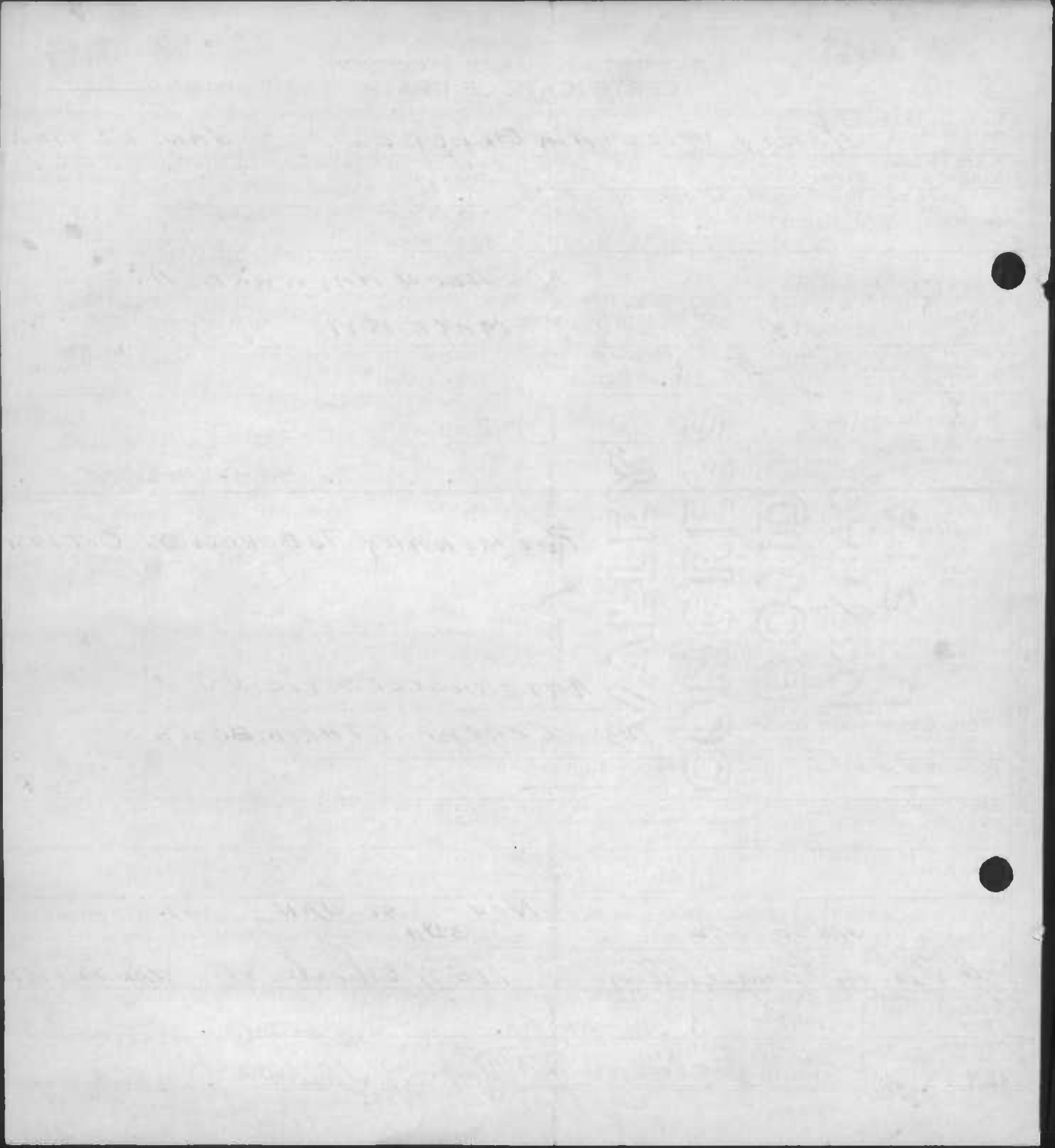
Huntington Williams, M.D.

J. Lickner & Sons -

762 93

13B Balto 17, Md.

MEDICAL CERTIFICATION



52 0646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0646

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Portunato Pusag

2. DATE
OF
DEATH

Jan. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION U.S.PHS Hospital
Baltimore 11, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Connecticut

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New London

D. STREET ADDRESS (If rural, give location)

106 Union Street

5. SEX

Male

6. COLOR OR RACE

Filipino

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 8-1894

9. AGE (In years last birthday)

57

If Under 1 Year

If Under 24 Hours

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

US Armed Forces

11. BIRTHPLACE (State or foreign country)

Phillipine Islands

12. CITIZEN OF WHAT COUNTRY?

U.S.A. ?

13. FATHER'S NAME

Francisco Pusag

14. MOTHER'S MAIDEN NAME

Anna Ballais

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Balto., Md.

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Carcinoma, metastatic, to liver with

(A) obstruction & cholangitis of bile ducts unkn

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of colon

18 months

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952, to Jan. 19, 1952, that I last saw the deceased alive on Jan. 19, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

754 91

403-G-25th St Balto-18 md 46E

MEDICAL CERTIFICATION

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET WACHTER

2. DATE
OF
DEATH

Jan. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4703 Hampnett Avenue
PINERIDGE NURSING HOME4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission.)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2508 Hermosa Avenue

Length of stay in Baltimore Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 27, 1860

9. AGE (in years;
last birthday)

91

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

? Hanna

14. MOTHER'S MAIDEN NAME

Katherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 11 Langanore Avenue - 14
Mrs. John E. Frank

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from April 9, 1943, to Jan 20, 1952, that I last saw the
deceased alive on Jan 20, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

1/23/52

Mount Carmel Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

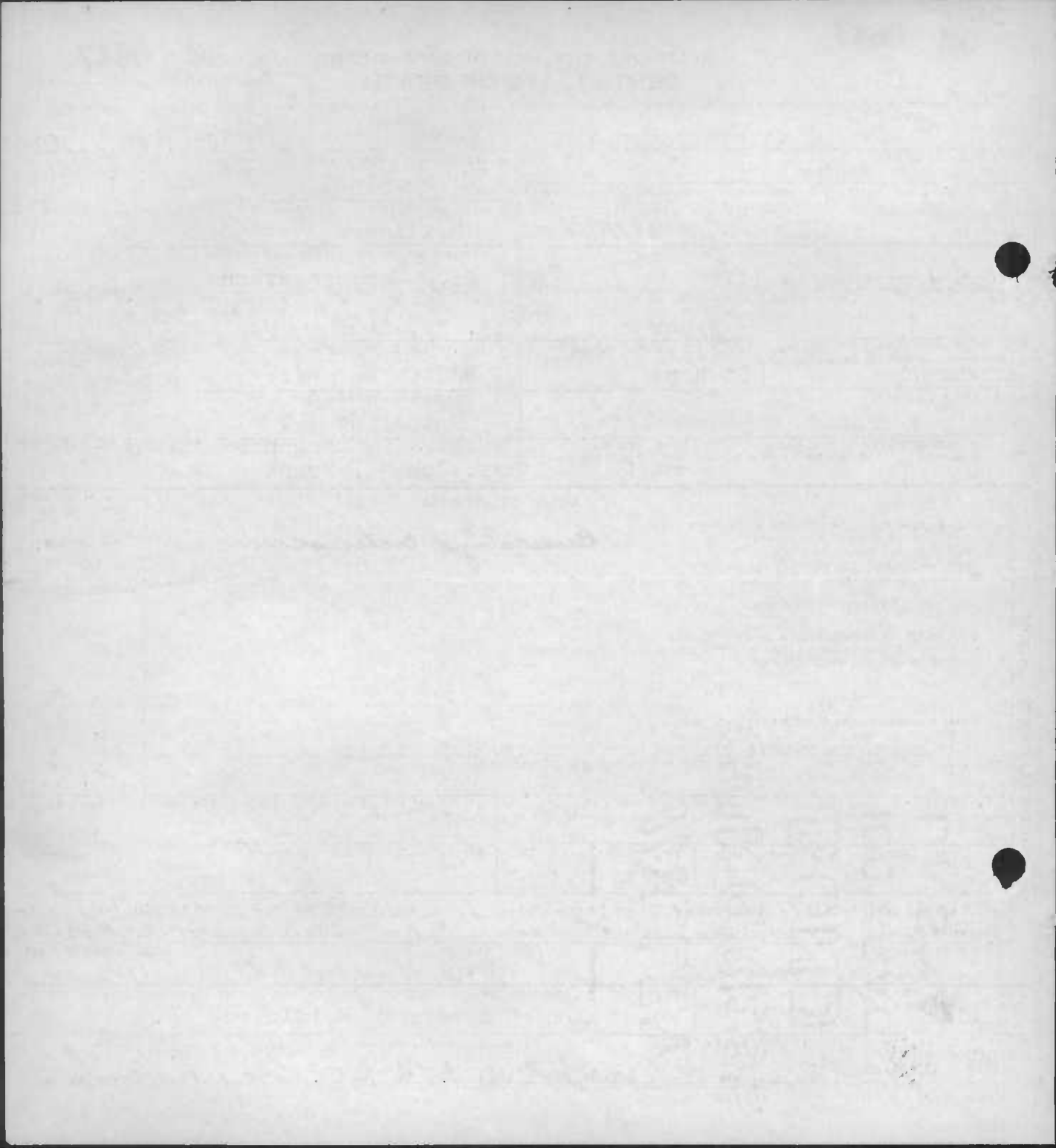
ADDRESS

JAN 23 1952

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

Baltimore, Md.



532
52 0648BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0648

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Windsor, Dwight Laird

2. DATE
OF
DEATH

1-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore 30 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 29, 1902

9. AGE (In years
last birthday)

49

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired* OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

13. FATHER'S NAME (Bv)

Thomas Windsor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-09-3875

11. BIRTHPLACE (State or foreign country)

Oriole, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Margie Laird

17. INFORMANT 3607 Keene Avenue ADDRESS 14
Mrs. G. Hilda Windsor

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20-52, 19, to 1-21, 1952, that I last saw the
deceased alive on 1-21, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

1-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/24/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

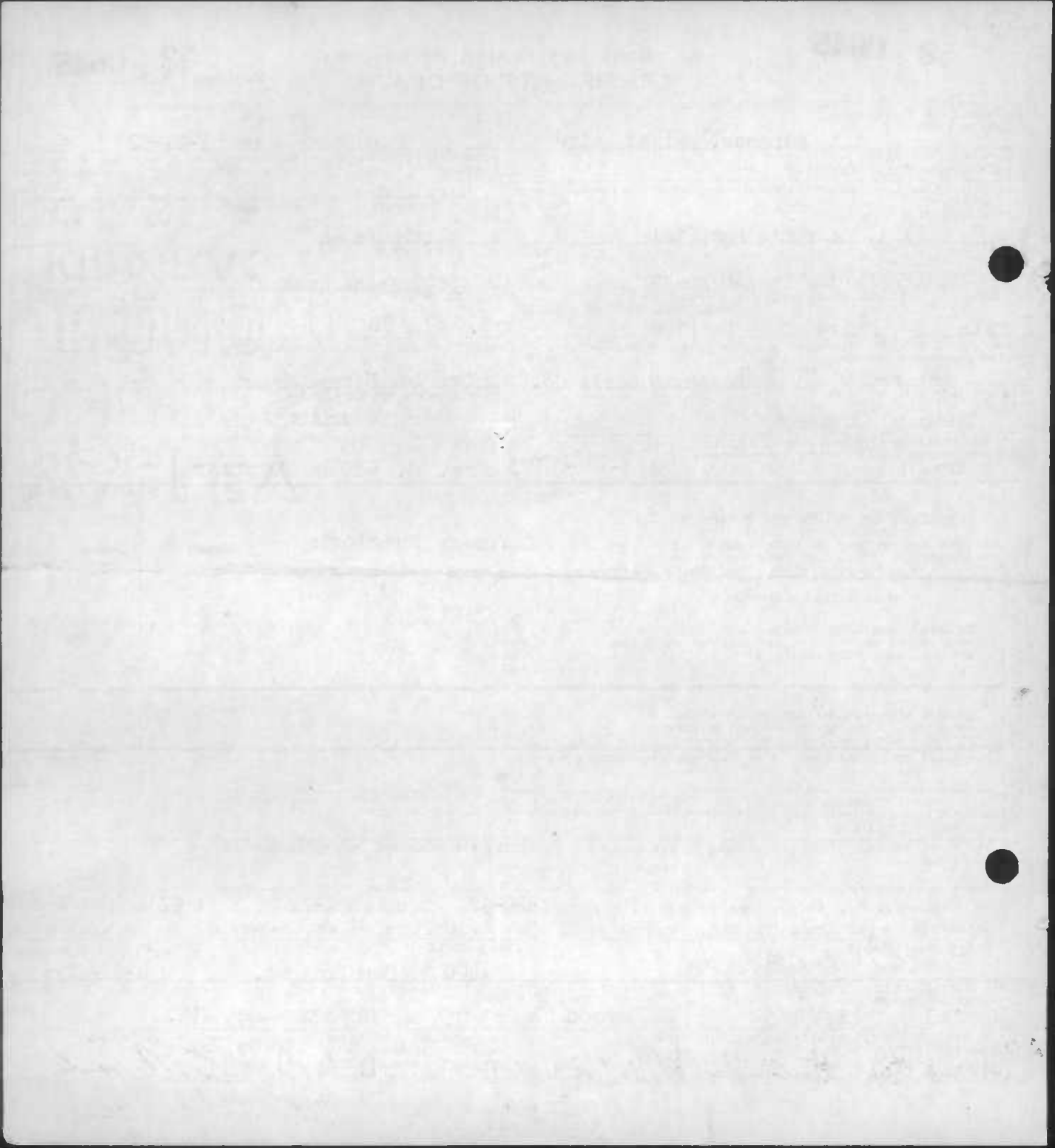
HENRY SANDER & SONS, INC.

NORTH AVE. & BROADWAY

VS 150

625-51

94a



52 0649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0649
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SEWELL George Thurston

2. DATE
OF
DEATH

1/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2512 Yorkway, Dundalk 22

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

M

W

Widower

May 13, 1886

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Projector Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Retired, Theatre

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George D. Sewell

14. MOTHER'S MAIDEN NAME

Mary Yeager

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-14-2234

17. INFORMANT 2512 Yorkway ADDRESS 22

Mr. George T. Sewell

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐NOT WHILE ☐

WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 19th, 1952 to Jan. 20th, 1952, that I last saw the
deceased alive on Jan. 20th 1952, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline

23C. DATE SIGNED

1-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/23/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons, Inc.

ADDRESS

Baltimore, Md.

THE UNIVERSITY OF CHICAGO

1900

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THE UNIVERSITY OF CHICAGO

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THE UNIVERSITY OF CHICAGO

52 0650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0650
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK Joseph FINNEY

2. DATE
OF
DEATH

January 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

937 Herndon Court

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1904

9. AGE (In years
last birthday)

47

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Freight handler10B. KIND OF BUSINESS OR
INDUSTRY
B & O R.R.Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Howard F. Finney

14. MOTHER'S MAIDEN NAME

Mary A. Freeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
212-18-885317. INFORMANT 937 Herndon Court
Mrs. Anna R. Finney

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/25/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

HEALY O'SAUNDER & SONS, INC
BALTO., 13, MD.

ADDRESS

Long 3. Brady

VS 151

970 50

93a

MEDICAL CERTIFICATION

STATE OF NEW YORK

In SENATE,

January 10, 1901.

REPORT

OF THE

ATTORNEY GENERAL

IN ANSWER TO A RESOLUTION PASSED BY THE SENATE, MARCH 1, 1899.

ALBANY:

THE STATE PRINTING OFFICE,

1901.

52

0651

CERTIFICATE CORRECTED 12-7-52

52 0651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. Golden E. Murphy

2. DATE
OF
DEATH

1-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Fallston

Rural

D. STREET ADDRESS (If rural, give location)

Fallston Md 6200

C. Length of stay in Baltimore

7 Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
(WIDOWED) DIVORCED (Specify)

8. DATE OF BIRTH

1887, Jan. 6

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

meat

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Owen Patrick Murphy

14. MOTHER'S MAIDEN NAME

Mary Golden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

John D. Murphy

ADDRESS

7855 Robin Pl. Balto

18. 490X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Posterior myocardial
infarction

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Lobes pneumonia of
lower lobes
(C) Hypertensive cardiovascular
disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from January 16, 1952, to Jan. 23, 1952 that I last saw the
deceased alive on Jan. 23, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

K. K. Skirton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan 26-52 St Johns

Hydes Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Martha G. Kurtz

108 md

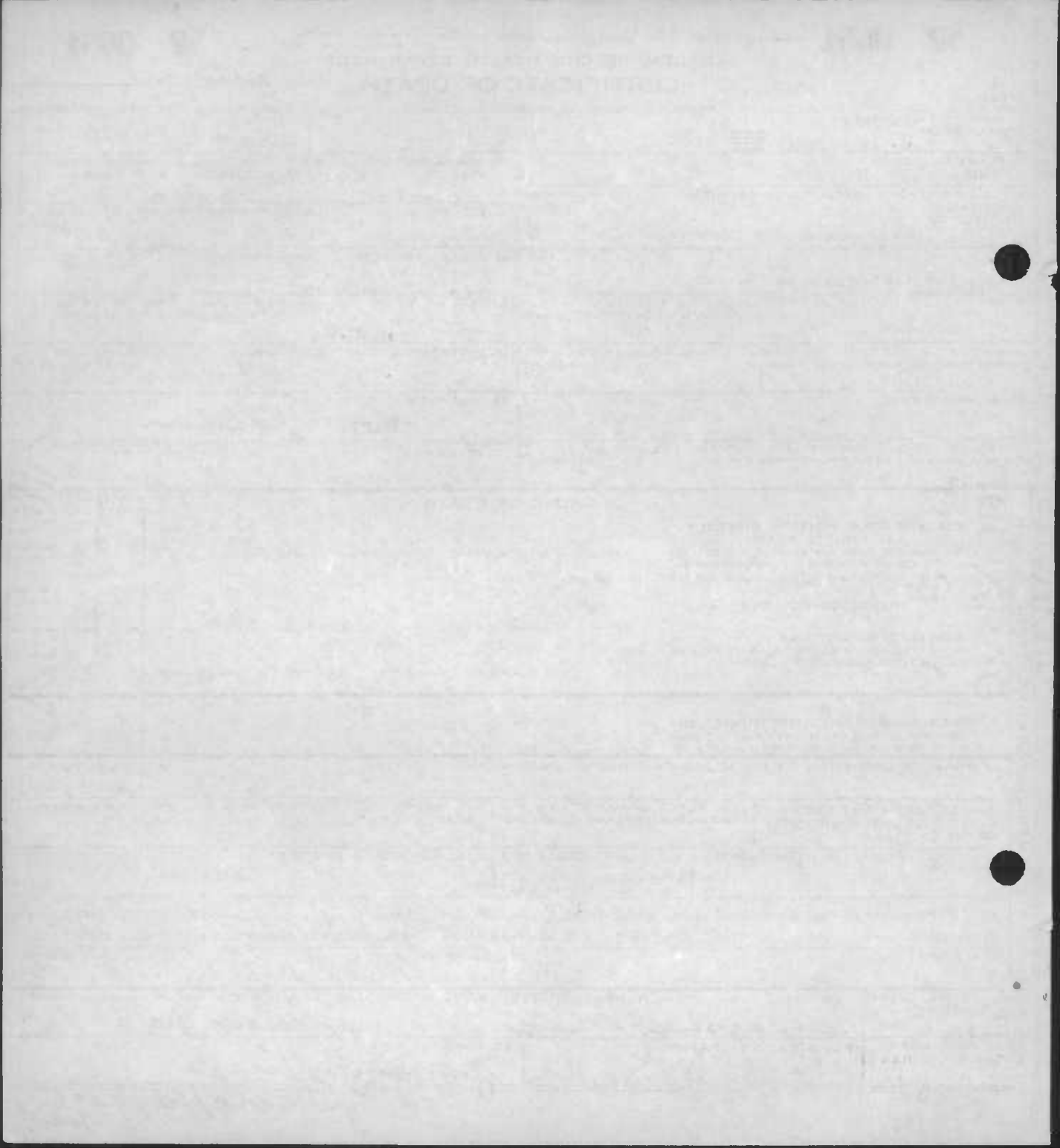
JAN 23 1952

6446A

Jared Havelle

108 md

MEDICAL CERTIFICATION



200

52 0652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0652

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Cora Lee Cook		JAN 21, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE b. COUNTY			
OSL 4		MARYLAND Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE E300			
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 16 S. LANE TURNERS Sta.			
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-7-12	9. AGE (In years last birthday) 40	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Florence S.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Richardson		14. MOTHER'S MAIDEN NAME Nancy Williams		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH Tuberculosis meningitis		INTERVAL BETWEEN ONSET AND DEATH 5 mo.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-21-1951 to 1-21-1952, that I last saw the deceased alive on 1-21-1952, and that death occurred at 9:19 pm., from the causes and on the date stated above.					
23a. SIGNATURE Ed Wing Jr		23b. ADDRESS JOHNS HOPKINS HOSPITAL			23c. DATE SIGNED 1-22-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-52		24c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	
24d. LOCATION (City, town, or county) (State) Arbutus - Batts Co. - Md.		25. FUNERAL DIRECTOR Charles R. Lane, 802 Madison Ave.		26. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR 7961 E2 NOV JAN 23 1952

14

VAILEY
CONGRESS
BOND
TEXAS

543
52 0653BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0653

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Lee Chinault

2. DATE
OF

DEATH Jan 21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3442 Erdman Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

10

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baito. 26-03

D. STREET ADDRESS (If rural, give location)

3442 Erdman Ave

8. DATE OF BIRTH

March 27-1878

9. AGE (in years,
last birthday)

73.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer Truck

10B. KIND OF BUSINESS OR
INDUSTRY

own. Farm.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Arthur Chinault

14. MOTHER'S MAIDEN NAME

Sarah Spilman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

220-18-4341

17. INFORMANT

ADDRESS

Mrs A. L. Chinault 3442 Erdman Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) _____
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____Cerebral hemorrhage, 3 days
Arteriosclerotic basis -
vascular disease, Cerebral sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1952 to Jan 21, 1952 that I last saw the
deceased alive on Jan 21, 1952 and that death occurred at 6:20 p. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/24/52

Marland Memorial Cem

Baito

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D. Loper's Funeral Home 7401 Balan Rd.

Dr. Stevens

Edman Ave

Dr. Stevens

52 0654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0654
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John E. Jones

2. DATE
OF
DEATH

1-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Prov. Hosp. & Free Dispensary

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-17-1881

9. AGE (In years, last birthday)

72

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABOR

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY

USA

13. FATHER'S NAME

Henry Jones

14. MOTHER'S MAIDEN NAME

Henrietta Jordan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Sr. Failure

DUE TO

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio Sclerotic Hr. Dis.

DUE TO

5+ yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pneumonia

2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1952 to 1-20, 1952 that I last saw the deceased alive on 1-19, 1952 and that death occurred at 10:12 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

Mrs. Kate R. Williams

Schwartz St.

Nov. 5

AG 98

STANDARD HINDUSTAN

TO THE

© 1904

500
52 0655BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0655
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Queen

2. DATE
OF
DEATH

1-20-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

257 N. Schroeder St.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE
Md.

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

d. STREET ADDRESS (If rural, give location)

257 N. Schroeder St.

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

12-26-1876

9. AGE (in years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St Marys Co. Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Alex Williams

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Estell Smith 257 N. Schroeder St.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis, Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Myocardial Infarction

(C) DUE TO

Dementia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1951, to 1-20, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Charles T. Warrick M.D.

23b. ADDRESS

861 Dorcas

23c. DATE SIGNED

1-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

1/24/1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24d. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

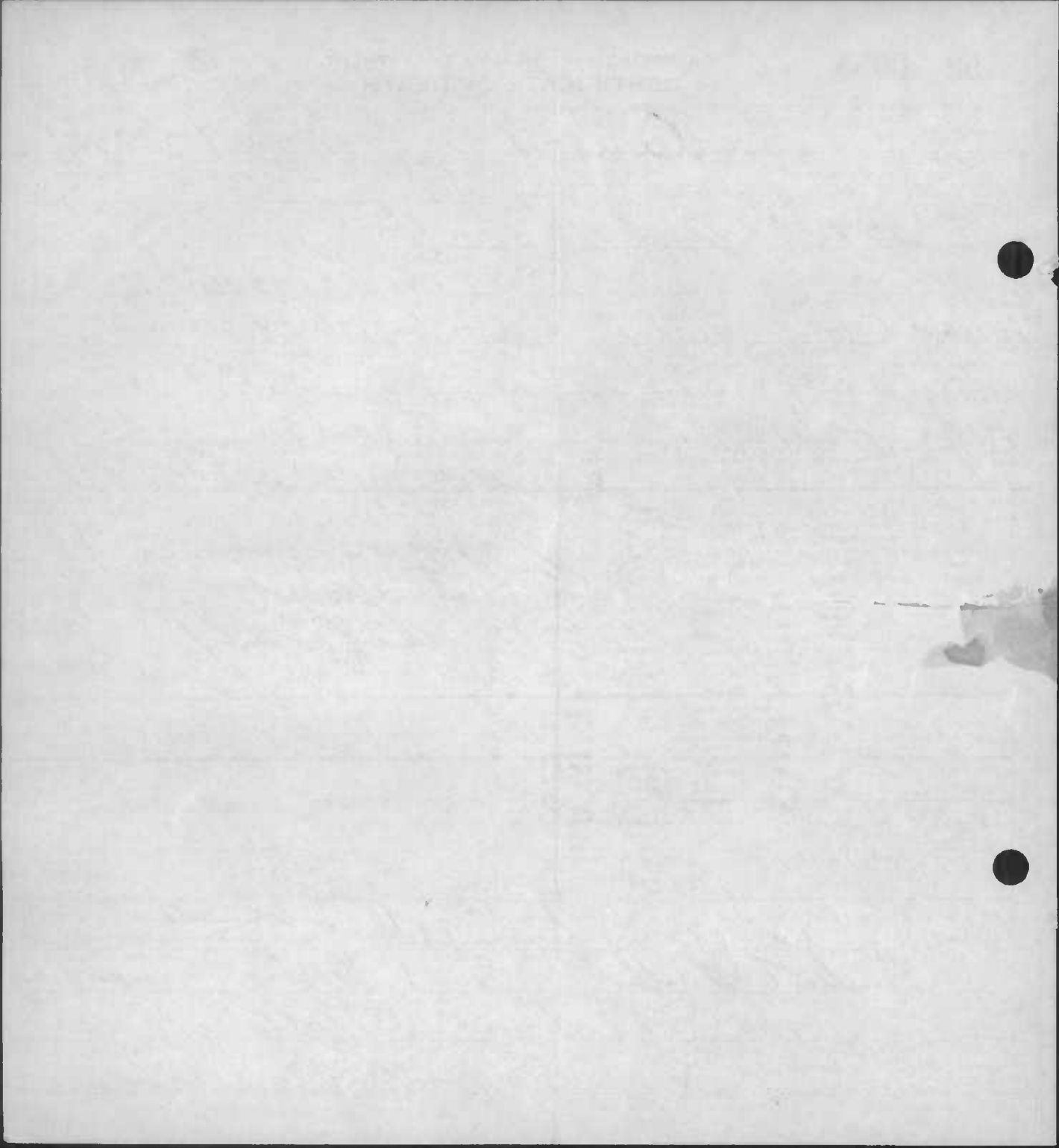
Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate Williams

ADDRESS

3224 Schroeder St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0656
Registered No.

BIRTH NO. 0656

1. NAME OF DECEASED
(Type or Print)

JAMES SHAW

2. DATE
OF
DEATH January 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

317 Bruce Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 15, 1899

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Track Walker

10B. KIND OF BUSINESS OR INDUSTRY

B+O. R.R.

11. BIRTHPLACE (State or foreign country)

Lawrenceburg

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dred Shaw

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Nezzie Shaw

ADDRESS

317 N Bruce St

18. E 800 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing Injury of the Head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Railroad Tracts #3

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Huntington Tower and 26th Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1/18/52 7:45 A. m.

21E. INJURY OCCURRED
WHILE AT ☒ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Tractmen struck by west bound train

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

1/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

1/28/1952

24C. NAME OF CEMETERY OR CREMATORY

Arboretus Memorial

24D. LOCATION (City, town, or county) (State)

Arboretus Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 23 1952

REGISTRAR'S SIGNATURE

Huntington, W. Williams

25. FUNERAL DIRECTOR

Miss Kate R. Williams

ADDRESS

322 N. Schenck St

VS 151

N-803.2

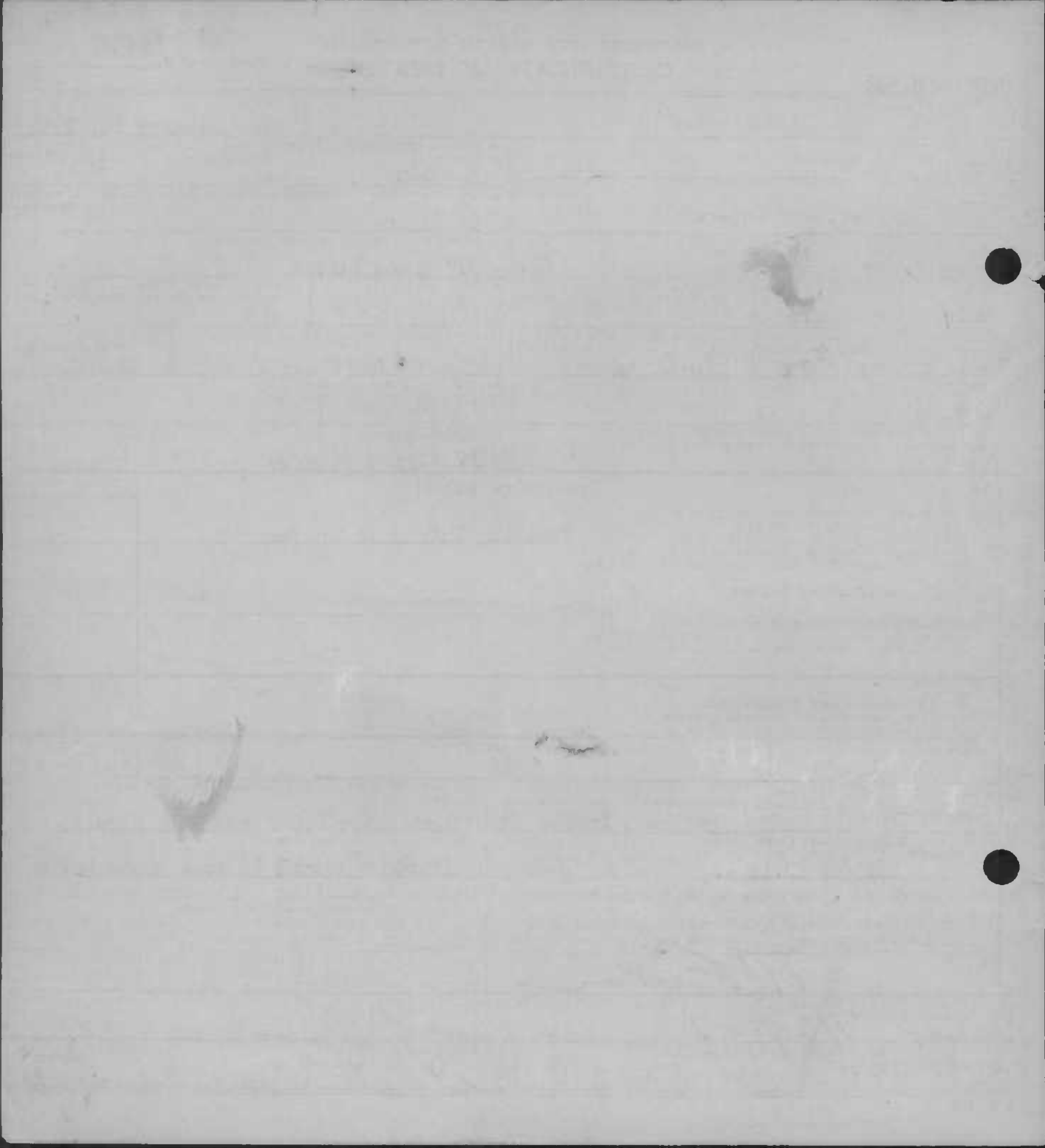
970 50

169

✓

MEDICAL CERTIFICATION

correct age is especially important. If uncertain, please state the date of birth, and the place of birth.



200

52 0657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0657

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY J. NOWAK

2. DATE
OF
DEATH

January 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

619 S. Linwood Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 14, 1909

9. AGE (in years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bridge tender

10B. KIND OF BUSINESS OR
INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Casper Nowak

14. MOTHER'S MAIDEN NAME

Mary Drankiewicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

May Jachelski 619 S. Linwood Ave

18. 443X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Cerebral hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER ☐

Jan. 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 26-1952

Holy Rosary

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

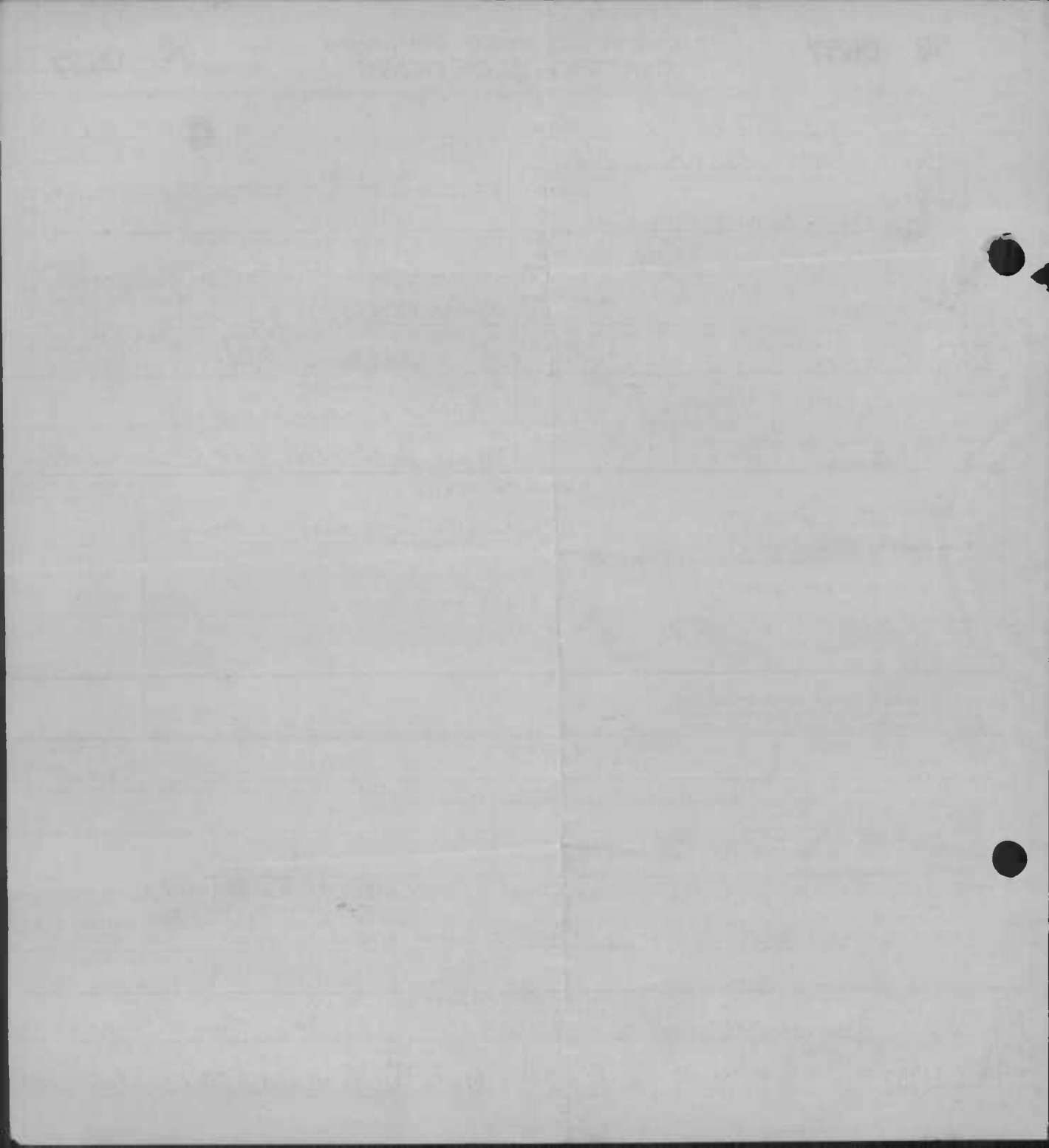
Huntington, William, M.D. 2007 Eastern Ave

VS 151

785 93

93D

MEDICAL CERTIFICATION



516
52 0658BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 0658

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CARRIE W. DOMBROWSKI

2. DATE
OF
DEATH

Jan. 21 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

So. Balto. Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

2-02

D. STREET ADDRESS (If rural, give location)

1827 E. Lombard St.

C. Length of stay in Baltimore

61

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Oysters.

10B. KIND OF BUSINESS OR
INDUSTRY

Packing Co.

13. FATHER'S NAME

Parker

George Wasik

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

216-10-5763

17. INFORMANT

ADDRESS

Morie Bolnick 1827 E. Lombard St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Anteroseptal Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/51, 19, to 1-21-52, 19, that I last saw the
deceased alive on 1-11-52, 19, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams

Wm. S. Fiedkowski

2007 Eastern Ave

THE UNIVERSITY OF CHICAGO
LIBRARY

MAILED
JAN 10 1964

RECEIVED
JAN 10 1964

511

52 0659

52 0659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie R. Johnson

2. DATE
OF
DEATH

Jan. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5322 Denmore Ave.

C. CITY OR TOWN

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

5322 Denmore Ave.

C. Length of stay in Baltimore

20 yrs.

5. SEX

Female Colored

6. COLOR OR RACE

SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

E. DATE OF BIRTH

Nov. 24, 1889

9. AGE (In years
last birthday)

62

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Cwings Hills, Md. D. C.

12. CITIZEN OF
WHAT COUNTRY?

D. C.

13. FATHER'S NAME

Frank Clark

14. MOTHER'S MAIDEN NAME

Jennie Norman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 5322

CAUSE OF DEATH

18. 332 x 1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Embolism

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1952, to Jan 20, 1952, that I last saw the
deceased alive on Jan 20, 1952, and that death occurred at 12:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Bradshaw Higgins

23B. ADDRESS

2243 Madison Ave

23C. DATE SIGNED

1-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

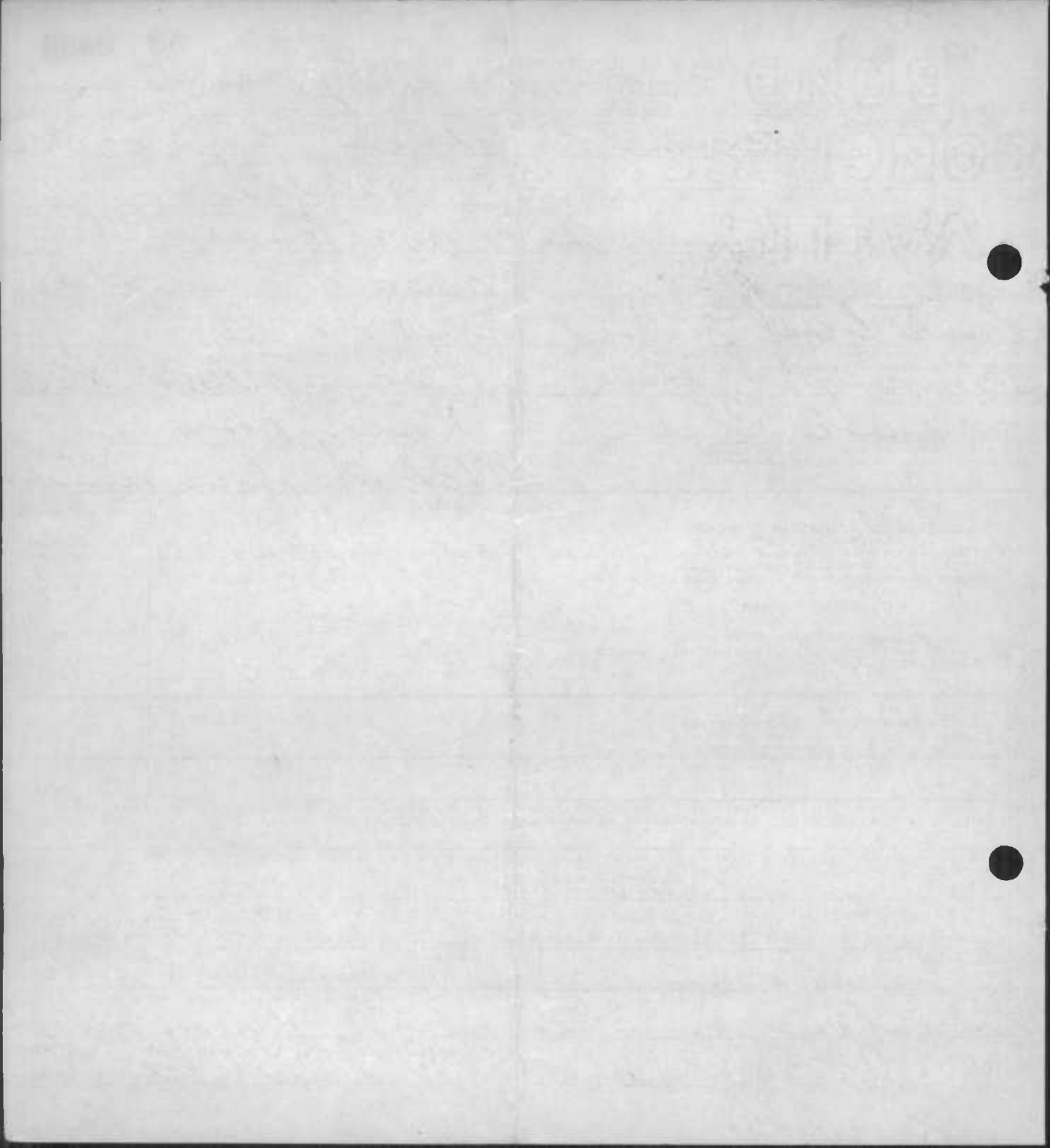
ADDRESS

LOCAL REGISTRAR

JAN 23 1952

Huntington Williams, M.D.

1051 Druid Hill Ave.



52 0660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0660

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norma Benson

2. DATE
OF
DEATH

1-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

13210

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ. Hosp.

C. CITY OR TOWN

Upperco

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5200

C. Length of stay in Baltimore

8

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1906 Feb 15

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

H.W.

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry Cooper

14. MOTHER'S MAIDEN NAME

Flora Fitch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 170X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Metabolic Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B) generalized Carcinomatosis

DUE TO

(C) Metastasis from Carcinoma of Breast
tissues.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1952 to 1-23, 1952, that I last saw the
deceased alive on 1-23, 1952, and that death occurred at 1A m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Watson

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

1-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 25/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

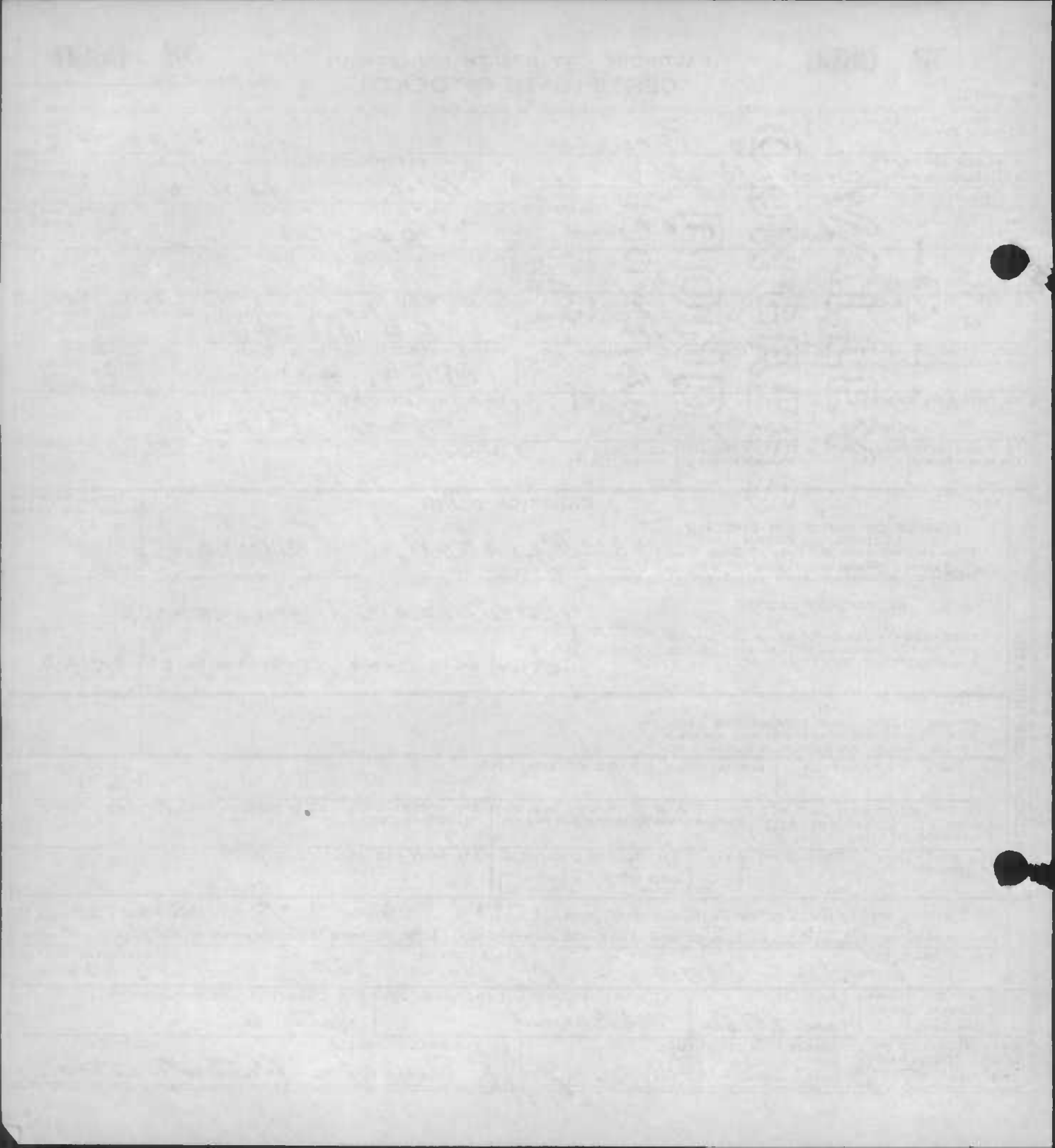
JAN 23 1952

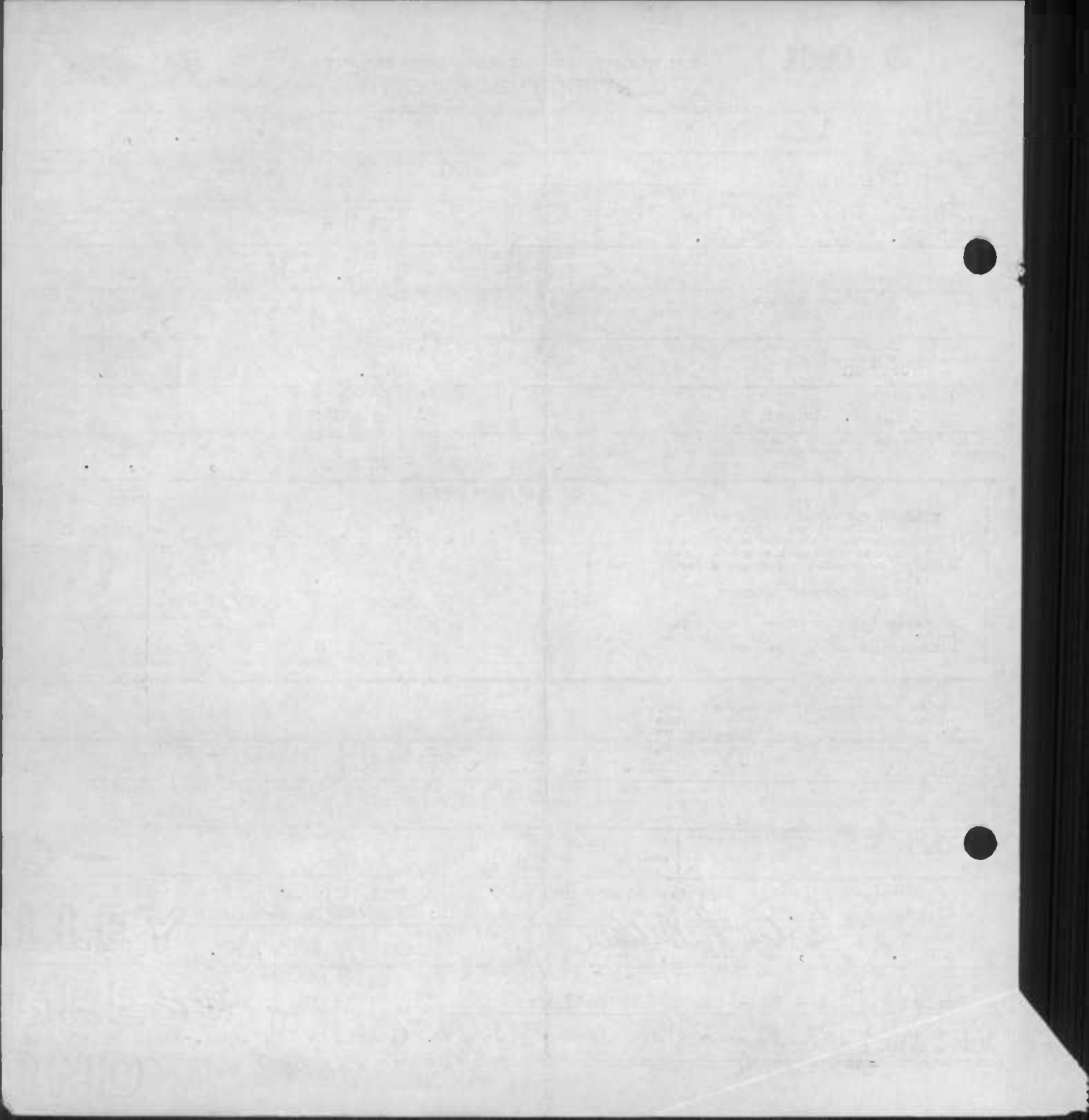
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. E. Ellis & Sons Rusticators Md.





52 0662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0662

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A. Helen Diggs

2. DATE
OF
DEATH

Jan. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

10 W. Hamilton St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

10 W. Hamilton St.

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

8 - 14 - 92

9. AGE (In years

last birthday)
59

If Under 1 Year

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William B. Diggs

14. MOTHER'S MAIDEN NAME

Ella Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Alice Diggs

ADDRESS

3905 Cloverhill Road

18. 578X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastrointestinal hemorrhage

DUE TO

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Septicemia

DUE TO

(C) Chronic Toxicity

3 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 January, 1952, to 22 January, 1952, that I last saw the deceased alive on 21 January 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

802 Cathedral St.

22 January 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

1 - 24 - 52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 150

123

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0663**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. John Benjamin Coopage			2. DATE OF DEATH Jan. 23rd. 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY St. Mary's		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Kenesaw Rest Home, 2601 Roslyn Ave. Baltimore Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Graett Mills Md.		
D. STREET ADDRESS (If rural, give location) 6800					
c. Length of stay in Baltimore 15 days.					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7 - 24 - 1870		9. AGE (in years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Piney-Point, St. Mary's Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William S. Coppage			14. MOTHER'S MAIDEN NAME Lottie Guither		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS J. Frank Coppage Great Mills, Md.		

<p>18. 331X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>Cerebral hemorrhage</i></p> <p>DUE TO</p> <p>(B) <i>Hypertension</i></p> <p>DUE TO</p> <p>(C) <i>Arterio Sclerosis</i></p>	<p>INTERVAL BETWEEN ONSET AND DEATH 3 hours</p>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-8**, 1952, to **1-23**, 1952, that I last saw the deceased alive on **1-22**, 1952, and that death occurred at **6 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE *Howard J. Warner* M. D. 23B. ADDRESS **2604 Garrison Blvd** 23C. DATE SIGNED **1-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1 - 25 - 52	24C. NAME OF CEMETERY OR CREMATORY Poplar Hill	24D. LOCATION (City, town, or county) (State) Valley Lee Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>Joe P. Mattingley Leonardtown</i>	ADDRESS 83a Md
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623
52 0664
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0664

1. NAME OF DECEASED (Type or Print) <u>MR. WILLIAM WRIGHT</u>			2. DATE OF DEATH <u>1/23/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>CARROLL</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHURCH HOME & HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>UNION BRIDGE 5600</u>		
C. Length of stay in Baltimore <u>11</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>UNION BRIDGE RFD</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>FEB 8, 1875</u>	9. AGE (In years last birthday) <u>76</u>	H Under 1 Year Months Days H Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>MR. JOHN WRIGHT</u>			14. MOTHER'S MAIDEN NAME <u>ELIZABETH MYERS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>CHURCH HOME & HOSPITAL</u>		

18. <u>610X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>
	(A) <u>PYELO NEPHRITIS</u> DUE TO		
	(B) <u>CHRONIC PROSTATIC OBSTRUCTION</u> DUE TO		
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

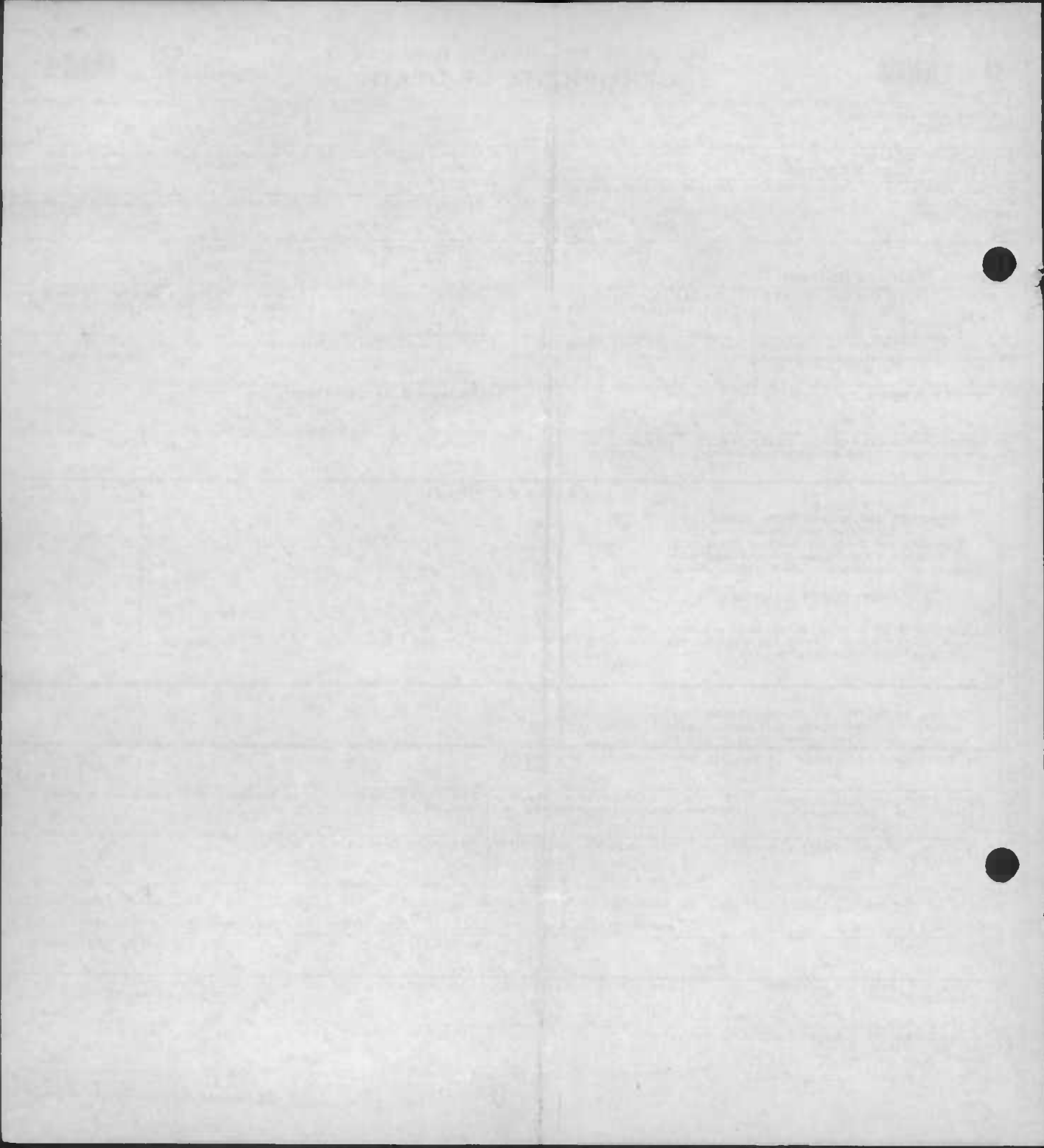
22. I hereby certify that I attended the deceased from 1-13-52, 1952, to 1-23, 1952 that I last saw the deceased alive on 1-23, 1952, and that death occurred at 6:16 P.M., from the causes and on the date stated above.

23A. SIGNATURE <u>D. G. Daas</u>	23B. ADDRESS <u>Church Home & Hospital</u>	23C. DATE SIGNED <u>1/23/52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>1-25-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>	24D. LOCATION (City, town, or county) (State) <u>Uniontown Md</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 23 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Raymond K. Wright</u>	ADDRESS <u>Union Bridge, Md.</u>
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correct age is especially important. Infants: please



532
52 0665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0665

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Fred Schnitker</i>		2. DATE OF DEATH <i>1/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-05</i>			
Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1665 Darley Ave.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Nov 14, 1896</i>	9. AGE (In years last birthday) <i>55</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Govt Worker.</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13. FATHER'S NAME <i>Henry Schnitker</i>		14. MOTHER'S MAIDEN NAME <i>Anna Dahler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Self.</i> ADDRESS	
18. <i>146 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Terminal Ca</i> DUE TO <i>not from naso pharynx</i> (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>7 mos.</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <i>none.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none.</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug. 1951</i> to <i>Jan 22, 1952</i> , that I last saw the deceased alive on <i>Jan 22, 1952</i> and that death occurred at <i>11:40</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John R. Buell Jr.</i>		23B. ADDRESS <i>Mercy</i>		23C. DATE SIGNED <i>1/22/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>1/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN</i>	
24D. LOCATION (City, town, or county) (State) <i>WOODLAWN Md</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	
25. FUNERAL DIRECTOR <i>Mildred J. Bleight</i>		ADDRESS <i>6009 Bayview Rd</i>		39091 45F	

MEDICAL CERTIFICATION

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

JOHN B. LANE, PRINTER

1900

440
52 0666BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0666

1. NAME OF DECEASED (Type or Print) MICHAEL J. MALOOLY			2. DATE OF DEATH 1/21/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1003 E. Preston St.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1003 E. Preston St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 28 1873	9. AGE (In years last birthday) 78	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Harness Mak.		10B. KIND OF BUSINESS OR INDUSTRY City	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas V. Malooly			14. MOTHER'S MAIDEN NAME Eliza Sommers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Josephine Malooly ADDRESS 1003 E Preston		

18. 4 yr 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Arteriosclerosis C.V. 19. DUE TO (C) Chronic Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 16 hours. 10 yrs. 15 yrs.
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12/21**, 19**51** to **1/21**, 19**52** that I last saw the deceased alive on **1/21**, 19**52** and that death occurred at **9:20** p.m., from the causes and on the date stated above.

23A. SIGNATURE G. K. Grossman	23B. ADDRESS 1212 N. Patterson Pl Wm	23C. DATE SIGNED 1/23/52
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24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 1/25/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md
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DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1952	REGISTRAR'S SIGNATURE Huntington Williams M.D.	25. FUNERAL DIRECTOR CHARLES F. EVANS & SON	ADDRESS 118 W. Mt. Royal Ave.
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GRASMAN

1212 N. Patterson PK.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 0667

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Clement

2. DATE
OF
DEATH

1-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Howard

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Ellicott City (rural)

D. STREET ADDRESS (If rural, give location)

Route 144 Mayfield

6300

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-22-1911

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Washington

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. F. Leiboldt

14. MOTHER'S MAIDEN NAME

Esther Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

220-14-0812

17. INFORMANT

ADDRESS

Mrs. Wm. F. Leiboldt, Ellicott City, Md

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUTION LAST.

CAUSE OF DEATH

(A)

Diabetic Coma

DUE TO

(B)

Diabetes Mellitus

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

48 hrs.

? 1 week

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22-52, 1952, to 1-23-52, 1952, that I last saw the deceased alive on 1-23-52, 1952, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry D. Perry Jr.

M. D.

Baltimore Md

1-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-25-52

Good Shepherd

Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

E.C. Higinbotham, Ellicott City, Md.

1000

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY

1000

1000

1000

1000

1000

1000

1000

653

52 0668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0668

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH BURNOTES, JR.

2. DATE
OF
DEATH

Jan 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1315 Zellman St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

541 W. 27th St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 23, 1909

9. AGE (in years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR
INDUSTRY

Pinky's Tavern

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Burnotes, Sr.

14. MOTHER'S MAIDEN NAME

Theresa Makar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bernard M. Powell - 541 W. 27th St.

18. 472.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Insufficiency

DUE TO

ANTECEDENT CAUSES

(B)

Degenerative C.V. Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to Jan. 22, 1952, that I last saw the
deceased alive on Jan. 21, 1952, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Gunn

M. D.

23B. ADDRESS

1741 E. Mt. Rd.

23C. DATE SIGNED

1-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan 25/52

Holy Redeemer

Belair Rd. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

E. Donovan - 3818 Roland

VS 150

7506407

931

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO
LIBRARY
100

200
52 0669BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0669
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Issac H. Lewis

2. DATE
OF
DEATH

1/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1107 So. Carey St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1107 So. Carey St.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12/29/1887

9. AGE (in years;
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR
INDUSTRY

City of Baltimore

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Lewis

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs Elsie B. Lewis

ADDRESS
1107 So. Carey St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pulmonary Tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1951, to 1/22, 1952, that I last saw the
deceased alive on 1/22, 1952, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum

M. D.

23B. ADDRESS

1115 N. Calvert St.

23C. DATE SIGNED

1/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Edmondson & Longwood

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Brown & Son

ADDRESS

1115 N. Calvert St.

JAN 23 1952

VS 150

763 93

13B

correct age is especially important. Physicians, please write the causes of death clearly and accurately.

432
20670

CERTIFICATE CORRECTED 1-25-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0670
Registered No.

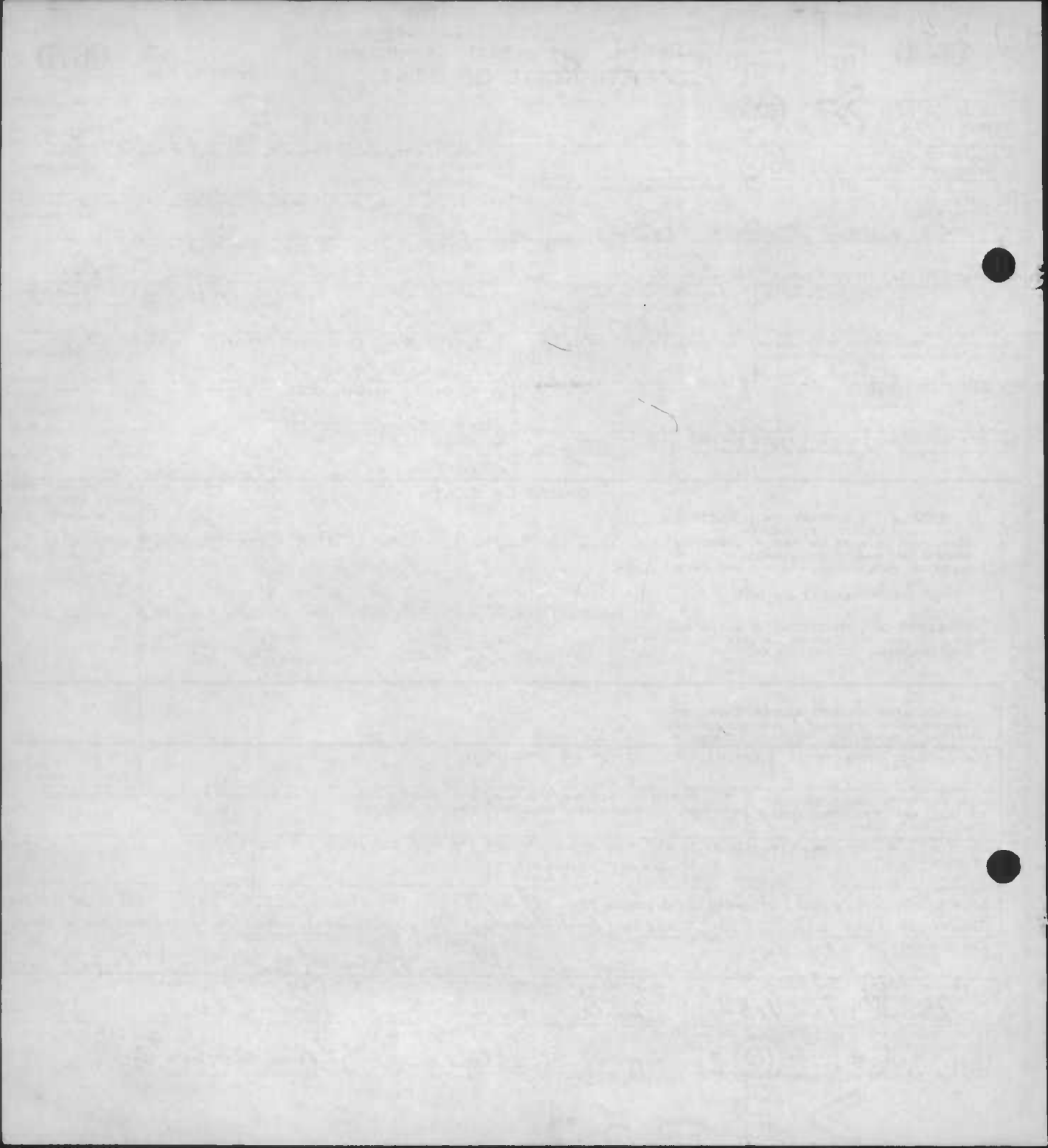
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Slitzer, Henry</i>		2. DATE OF DEATH <i>1/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>7-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
D. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>515 Beecher Ave - N.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 9, 1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Slitzer, Louis</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Balmberger</i>	
17. INFORMANT <i>Mrs. Louis Slitzer</i>		ADDRESS <i>515 Beecher Ave</i>	

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Atherosclerotic coronary disease</i> DUE TO <i>old</i> (B) <i>multiple myocardial infarction</i> DUE TO (C) <i>coronary insufficiency</i>	INTERVAL BETWEEN ONSET AND DEATH <i>long</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/21/52</i> , 19__, to <i>1/21/52</i> , 19__, that I last saw the deceased alive on <i>1/21/52</i> , 19__ and that death occurred at <i>10:45</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edith Town</i>		23B. ADDRESS <i>Church Home & Hosp</i>		23C. DATE SIGNED <i>1/21/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/24/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cale Lane</i>		24D. LOCATION (City, town, or county) (State) <i>Balto</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>William 2004 Calm</i>		ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0671**

125
52 0671
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH R. GIBSON		2. DATE OF DEATH Jan. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (if not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2806 Suffolk Avenue		E. LENGTH OF STAY IN BALTIMORE 8 Months	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 2, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Roofing	9. AGE (In years; last birthday) 38
13. FATHER'S NAME John Gibson,		11. BIRTHPLACE (State or foreign country) New York, N. Y.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME unknown	
17. INFORMANT Mrs. Gertrude Gibson,		ADDRESS 2806 Suffolk Ave.,	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dineen</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. <input checked="" type="checkbox"/>		23C. DATE SIGNED Jan. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Jan. 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR <i>Kernan Lemmon</i>		ADDRESS 4611 Park Heights Av.	

49024

94a

Correct age is especially important. In all instances, please give the causes of death clearly and fully.

MEDICAL CERTIFICATION

1500

5

11-10



525
52 0672
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0672
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles August Munzner</i>			2. DATE OF DEATH <i>Jan. 22-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-07</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1619 Torneck Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1619 Torneck Ave</i>			Yrs. Mos. Days		
5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>Aug. 24-1879</i>		
9. AGE (In years last birthday) <i>72</i>			10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>U. S. Government Bookbinder</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State of foreign country) <i>Baltimore Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>August Munzner</i>			14. MOTHER'S MAIDEN NAME <i>Augusta Cook</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Louise Munzner - widow</i>			ADDRESS <i>1619</i>		

18. *581.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Portal Circulosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

*18-Apr-1950*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *13-Sep-1948* to *22-Jan-1952*, that I last saw the deceased alive on *22-Jan-1952* and that death occurred at *1245 P.m.*, from the causes and on the date stated above.23A. SIGNATURE *W. E. Edmunds*23B. ADDRESS *2746 The Alameda*23C. DATE SIGNED *23-Jan-52*

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *1-25-52*24C. NAME OF CEMETERY OR CREMATORY *Mt. Pleasant*24D. LOCATION (City, town, or county) *Baltimore*(State) *Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*JAN 23 1952**5305 Bayford**502 91**124R*

5-20-91

10-1-91

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

1-1-91

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0673**

52 0673
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Mary Frankenger		2. DATE OF DEATH 1-23-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,	
D. STREET ADDRESS (If rural, give location) 4800 Hazelwood Avenue - 6			
5. SEX Female		8. DATE OF BIRTH Oct. 24 - 1877	
6. COLOR OR RACE White		9. AGE (In years last birthday) 74	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		10. UNDER 1 Year: Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Own home.	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Bauer		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. John Y. Frankenger		ADDRESS Same	

18. 56.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shangueled right femoral hernia. DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 1-22-52		19B. MAJOR FINDINGS OF OPERATION Incarcerated right femoral hernia	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **1-22-1952**, to **1-23-1952**, that I last saw the deceased alive on **1-23-1952**, and that death occurred at **1:45a** m., from the causes and on the date stated above.

23A. SIGNATURE J. Joseph Keyer		23B. ADDRESS M. D. 1400 N. Caroline St. - 13		23C. DATE SIGNED 1-23-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1-26-52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR J. Luck		ADDRESS 5305 Hayford Rd	

THE CENTRAL BANK OF AMERICA

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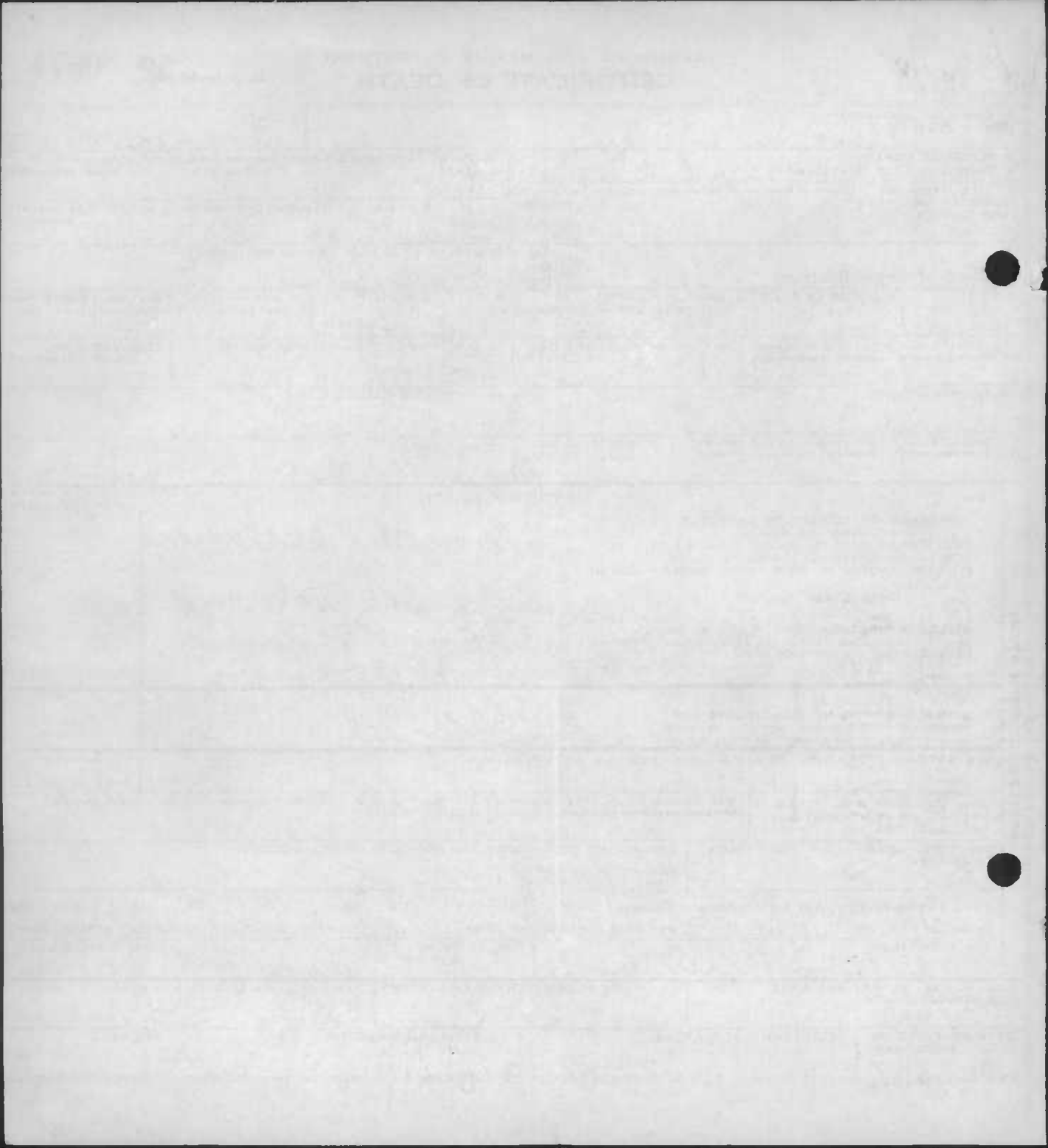
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 0674**

635
2 0674
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clara H. Martin		2. DATE OF DEATH January 21-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2224 E. Chase St		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY 8-07	
5. FULL NAME OF HOSPITAL OR INSTITUTION 00		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 00		D. STREET ADDRESS (If rural, give location) 2224 E. Chase St	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Sept. 1-1897
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RD Home	12. KIND OF BUSINESS OR INDUSTRY RD Home	13. BIRTHPLACE (State or foreign country) Baltimore Md.	14. CITIZEN OF WHAT COUNTRY? USA
15. FATHER'S NAME Henry P. Jones		16. MOTHER'S MAIDEN NAME Loise Fairbanks	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. 2224 E. Chase St	
19. 18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis Cerebral Sclerosis Hypertension Cholelithiasis			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. 19A. DATE OF OPERATION 0		23. 19B. MAJOR FINDINGS OF OPERATION	
24. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		27. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
28. 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		29. 21F. HOW DID INJURY OCCUR?	
30. 22. I hereby certify that I attended the deceased from Jan. 1, 1952 , to Jan. 21, 1952 , that I last saw the deceased alive on Jan. 20, 1952 and that death occurred at 11:45 AM , from the causes and on the date stated above.			
31. 23A. SIGNATURE Valerie A. Anderson		32. 23B. ADDRESS 3001 Shannon Drive	
33. 24A. BURIAL, CREMATION, REMOVAL (Specify)		34. 24B. DATE	
35. 24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem		36. 24D. LOCATION (City, town, or county) (State) North Ave. - Balto. Md.	
37. DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1952		38. REGISTRAR'S SIGNATURE William H. Williams	
39. FUNERAL DIRECTOR John C. Mally		40. ADDRESS 2435 E. Olney St	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0675**

260
BIRTH NO. **0675**

1. NAME OF DECEASED (Type or Print) JOSEPH W. BAKER		2. DATE OF DEATH Jan. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1337 N. Patterson Park Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 11-1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Journalist		10B. KIND OF BUSINESS OR INDUSTRY NEWSPAPER	
13. FATHER'S NAME George Baker		14. MOTHER'S MAIDEN NAME Belia R. Hobbs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Belia R. Hobbs - 1337 N. Patterson Park Ave		ADDRESS	

18. DOX DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis with hemoptysis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

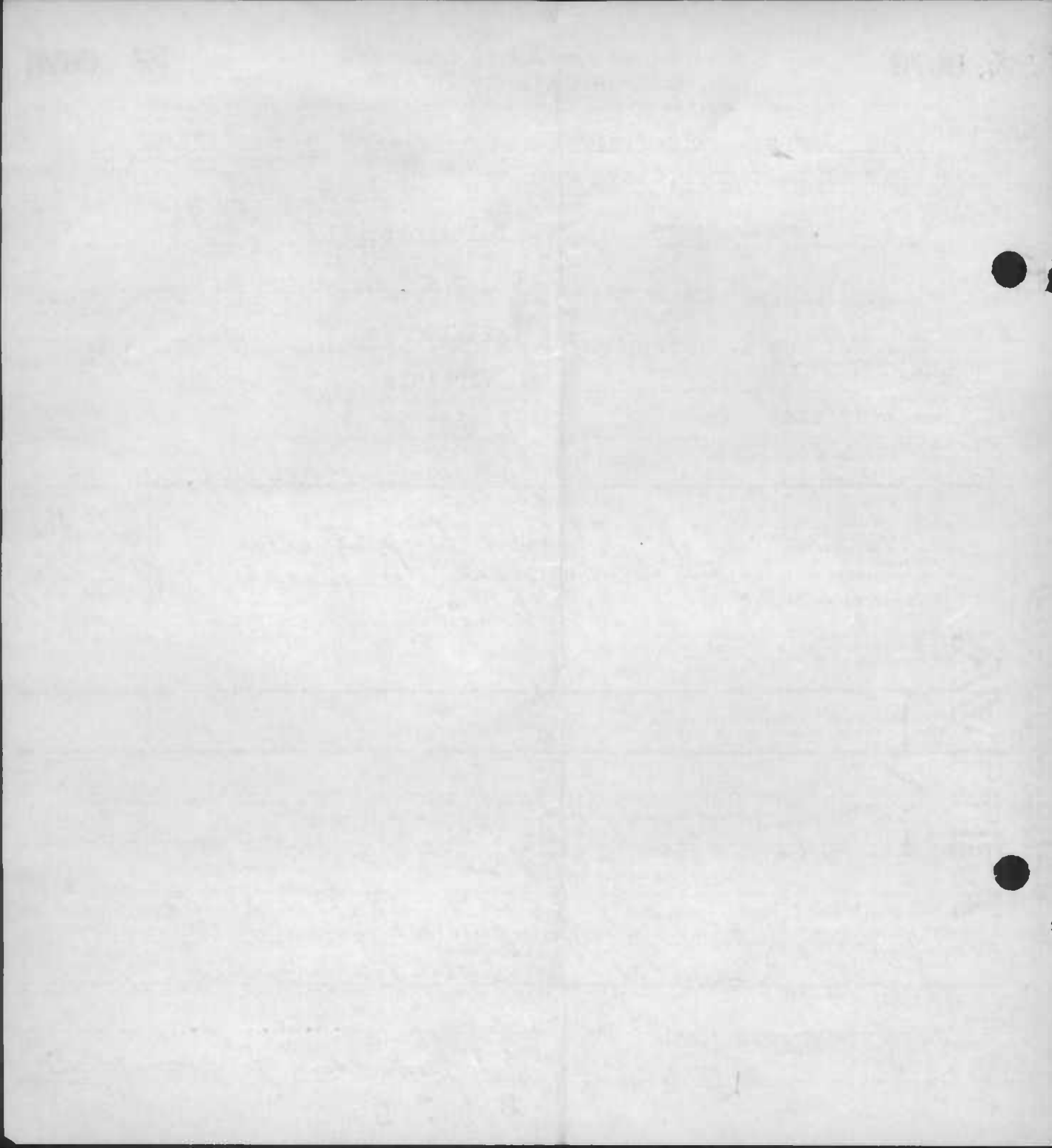
23A. SIGNATURE Henry A. Deane		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 21, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 1-24-1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem	24D. LOCATION (City, town, or county) (State) North Ave Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1952	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR John H. Hays Inc - 2425 E. Oliver St		

100

521
52 0676BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0676

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) James Wingfield	
2. DATE OF DEATH I/2I/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 802 S. Eutaw Street	
C. LENGTH OF STAY IN BALTIMORE 20 Yrs	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, City	
D. STREET ADDRESS (If rural, give location) 802 S. Eutaw Street	
5. SEX M	
6. COLOR OR RACE C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH I/I5/I892	
9. AGE (In years last birthday) 59	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Winfield	
14. MOTHER'S MAIDEN NAME Louise ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO.	
17. INFORMANT Aubrey Wingfield-802 S. Eutaw St	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Hypertensive - Cardiac Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Unknown OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH about 2 months (from history)	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 14, 1952 to Jan 21, 1952 that I last saw the deceased alive on Jan 21, 1952 and that death occurred at 12:00 P.M. from the causes and on the date stated above.	
23A. SIGNATURE W. W. Gainer	
23B. ADDRESS 525 W. Hamburg St	
23C. DATE SIGNED 1/22/52	
24A. BURIAL OR CREMATION, REMOVAL (Specify) Burial	
24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Ct	
24D. LOCATION (City, town, or county) (State) A.A. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1952	
REGISTRAR'S SIGNATURE William W. Gainer	
25. FUNERAL DIRECTOR 105-W	
ADDRESS Montgomery St	



000
2 0677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0677

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARK FRANCIS DUNN			2. DATE OF DEATH Jan. 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Conn. B. COUNTY V-06		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman pk. drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middletown		
C. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) 355 Main Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/17/07	9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Steward		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Conn.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Michael S. Dunn			14. MOTHER'S MAIDEN NAME Catherine Toughill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 042-10-0744	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Undiagnosed disease of heart with		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. chronic auricular fibrillation and		1 yr
(C) cardiac insufficiency		1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 10, 1951** to **Jan. 23, 1952** that I last saw the deceased alive on **Jan. 23, 1952** and that death occurred at **12:50 AM**, from the causes and on the date stated above.

23A. **Richard A. Saavedra**
Richard A. Saavedra, SA Surgeon

23B. ADDRESS
US PHS Hospital, Balto, Md.

23C. DATE SIGNED
1/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE
1/23/52

24C. NAME OF CEMETERY OR CREMATORY
St. John's Cem.

24D. LOCATION (City, town, or county) (State)
Middletown, Conn.

DATE RECEIVED BY LOCAL REGISTRAR
JAN 23 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Wm. J. Dickner & Son

ADDRESS
764 55 95c Balto 17, Md.

MEDICAL CERTIFICATION

7100 20

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

7140

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
DATE: [illegible]
[illegible text follows]

[illegible text follows]

[illegible text follows]

340
52 0678
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0678

1. NAME OF DECEASED (Type or Print) JOSEPH GATELY		2. DATE OF DEATH January 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1550 N. Gay Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH DEC 25 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10B. KIND OF BUSINESS OR INDUSTRY BOOKER SHUTTLE	9. AGE (in years last birthday) 60
13. FATHER'S NAME JOHN J. GATELY		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ALICE BROGAN	
17. INFORMANT MARIE GATELY		ADDRESS	

18. 443X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Myocardial and Renal Insufficiency
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Heart Disease
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

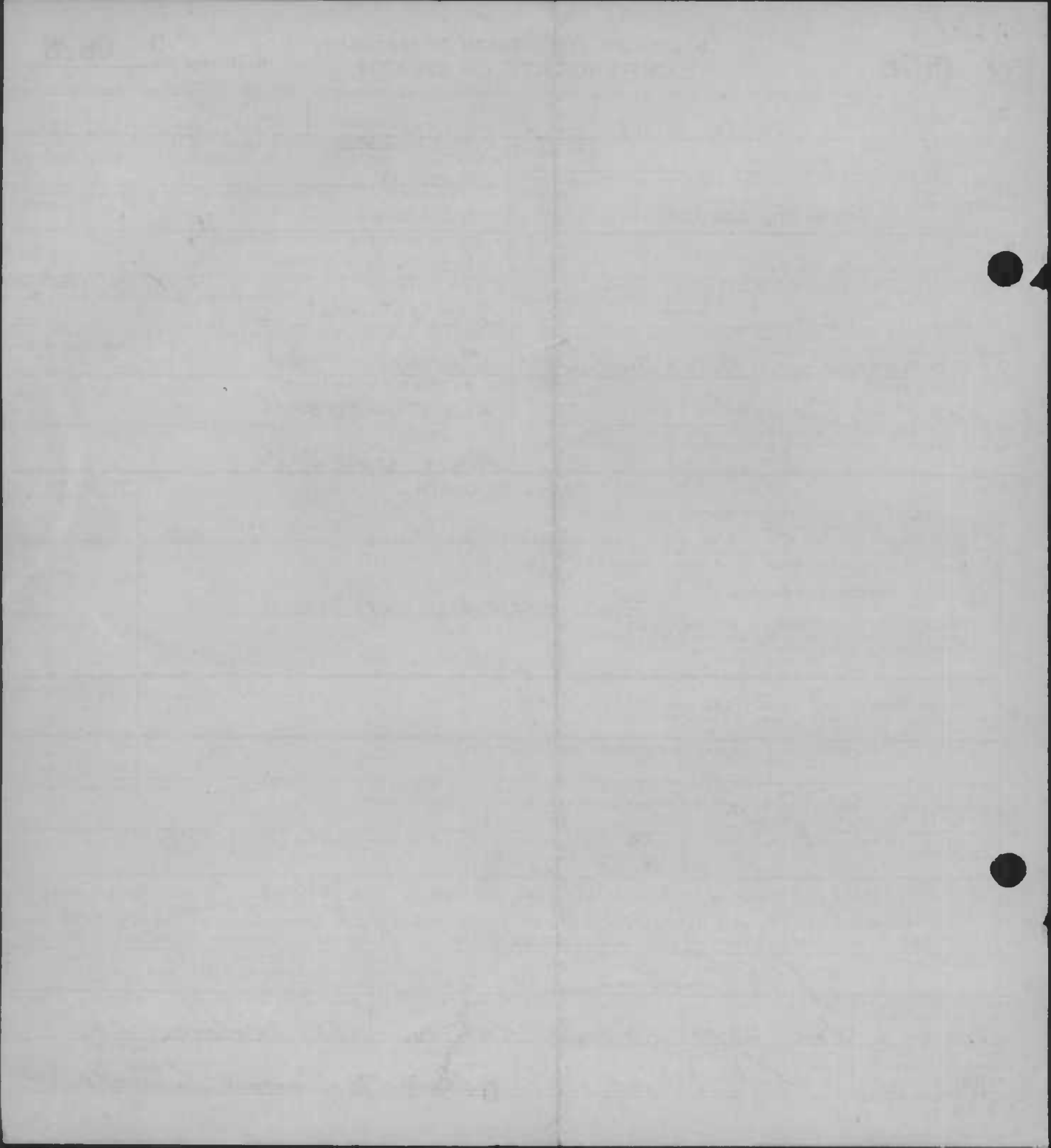
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 1/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JAN. 22-50		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	
DATE RECEIVED BY LOCAL REGISTRAR JAN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) 5501 FREDERICK RD	
VS 151		25. FUNERAL DIRECTOR [Signature]		ADDRESS #600 [Signature]	

683 93

93D



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0679**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL J. FELL

2. DATE
OF
DEATH

January 21, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2724 N. Charles St.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **Doctors, Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1754 Carwell St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

November 2 1892

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John A. Fell

14. MOTHER'S MAIDEN NAME

Margaret O. Nigl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
212-03-2615

17. INFORMANT

John M. Fell

ADDRESS

507 N. Glover St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute myeloid leukemia**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 7**, 19**52**, to **Jan 21**, 19**52**, that I last saw the deceased alive on **Jan 21**, 19**52**, and that death occurred at **5:15 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

January 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1952

Huntington Williams, M.D.

Charles S. Seider

901 S. Conkling St.

525
52 0680BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 0680

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARtha Johnson

2. DATE
OF
DEATH

1-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

U. Hospital, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Prince Georges

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural, Bowie

D. STREET ADDRESS (If rural, give location)

6600

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

BLACK

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

STEPHEN Thomas

14. MOTHER'S MAIDEN NAME

Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Husband

ADDRESS

18. 442 x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) HYPERTENSIVE CARDIOVASCULAR Dis. 9 yrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.(B) RENAL DISEASE
DUE TO
(C) ATHEROSCLEROSISII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1952 to 1-22, 1952 that I last saw the
deceased alive on 1-22, 1952 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Boyes

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Church of Ascension

24D. LOCATION (City, town, or county)

Bowie, Prince Geo. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J.B. Johnson, Annapolis, Md.

ADDRESS

260
52 0681BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0681

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ECKER, Julia

2. DATE
OF DEATH

January 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ. Hosp., Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Frederick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ligore

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-10-1901

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Hartsock

14. MOTHER'S MAIDEN NAME

Bertha West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

not known

16. SOCIAL SECURITY NO.

218-03-1627

17. INFORMANT

ADDRESS

Robert Ecker Ligore Md

18.

153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Concussion of hepatic flexure of large intestine

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Duodenal fistula

1 wk.

(C)

Obstruction by adhesions

4 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 22, 1952

19B. MAJOR FINDINGS OF OPERATION

CA of large bowel, duodenal fistula, obst. by adhes.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1951, to 1-23, 1952, that I last saw the deceased alive on 1-23, 1952, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Broad

23B. ADDRESS

Univ. Hosp. Balto. Md

23C. DATE SIGNED

1-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem

24D. LOCATION (City, town, or county) (State)

Ligore Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Percele & Hartzler 46 E

ADDRESS

Libertytown Goodfellow Md.

1941

CA

INSTITUTIONAL RECORDS
STATE OF CALIFORNIA

1941

-635
52 0682BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0682

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTIN, JOHN

2. DATE
OF
DEATH

1-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

(location)

BALTO, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

WESTERNPORT MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WESTERNPORT MD

D. STREET ADDRESS (If rural, give location)

5140

length of stay in Baltimore

Yrs.
1-Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-17-98

9. AGE (in years

last birthday)

53

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MECHANIC

10B. KIND OF BUSINESS OR
INDUSTRY

AUTOMOBILE

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

D

14. MOTHER'S MAIDEN NAME

D

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

D

17. INFORMANT

ADDRESS

Chart - Sinai Hospital

18.

150X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

INANITION

DUE TO

INTERVAL BETWEEN

ONSET AND DEATH

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Carcinoma of esophagus.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

D

19B. MAJOR FINDINGS OF OPERATION

D

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

NONE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from 12-22-51, 1951, to 1-23-52, 1952, that I last saw the deceased alive on 1-23-52, 1952 and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Gunn A. Wilson

M. D.

23B. ADDRESS

Sinai Balto MD

23C. DATE SIGNED

1-23-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

1/22/52

24C. NAME OF CEMETERY OR CREMATORY

Boles Funeral Home

24D. LOCATION (City, town, or county)

Westernport MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

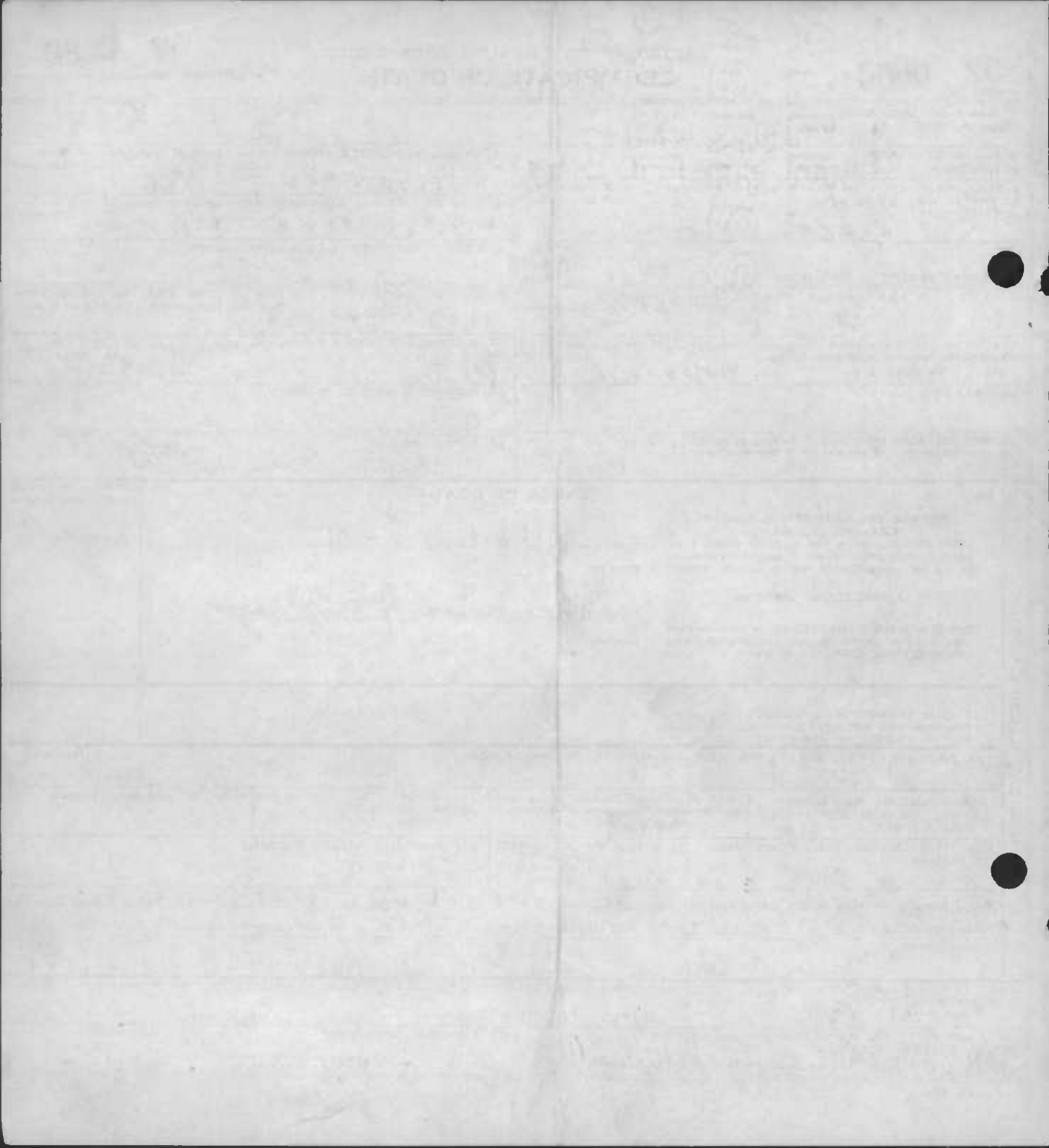
ADDRESS

3000 E. Baltimore St

55083

P. H. Lewis

46a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0683**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Taylor

2. DATE

OF DEATH **Jan. 22, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Maryland**

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)
Baltimore City Hospitals

HOSPITAL OR

INSTITUTION

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

508 N. Carlton Ave. (23)

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1895

9. AGE (in years last birthday)

56

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Baltimore City Hospitals**
Records: **4940 Eastern Avenue**

18. **330X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Subarachnoid Hemorrhage**

DUE TO

1 Wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

2 Yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1-14**, 19 **52** to **1-22**, 1952, that I last saw the deceased alive on **1-22**, 1952, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

M. D. **4940 Eastern Avenue**

23C. DATE SIGNED

1-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

1/27/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Ct

24D. LOCATION (City, town, or county)

Baltimore, City

(State)

DATE RECEIVED BY LOCAL REGISTRAR
JAN 24 1952

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

108 W

ADDRESS

[Signature]

correct age is especially important. Physicians, please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

STATE OF NEW YORK

[The body of the document contains several paragraphs of text, which are extremely faint and illegible due to the quality of the scan. The text appears to be a formal report or legal document.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0684
Registered No.

BIRTH NO. 52 0684 51-19029	
1. NAME OF DECEASED (Type or Print) William Wilson 3rd	
2. DATE OF DEATH Jan 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 633 S. Tolna St.	
5. SEX male	
6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Aug. 18 1951	
9. AGE (In years last birthday) 5 Months 4 Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md.	
12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Wilson Jr.	
14. MOTHER'S MAIDEN NAME Mary Persiano	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS	

18. 75441 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Aspiration pneumonia DUE TO (A) Aspiration pneumonia		INTERVAL BETWEEN ONSET AND DEATH meds
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cyanotic heart disease DUE TO (B) Cyanotic heart disease		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1/22, 1952** to **1/22, 1952**, that I last saw the deceased alive on **1/22, 1952**, and that death occurred at **1:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Robert J. Iskel		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 24 1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem.	
24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave Balt. Md					

DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Frank Della Croce 322 S. High St	
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Med Ex Case

157E

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

R. Fisher M.D.
CHIEF OF STAFF, MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0685
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAGGIE

JONES

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

342 Dolphin Street

SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug-12-1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry Jones

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John E. Jones 1116 Whitlock St

18. 477.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Duncanson

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Jan. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/24/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 24 1952

REGISTRAR'S SIGNATURE

William H. Wilson

25. FUNERAL DIRECTOR

Eloydo Wilson

ADDRESS

1000 Beantley Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0686
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MAY BROWN

2. DATE
OF
DEATH

Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1124 E. Lombard Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

female

6 COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept-19-1902

9. AGE (In years
last birthday)

49

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unkown

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Bessie Jackson 6 N. Bond St

ADDRESS

18. 007X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Jan. 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/24/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

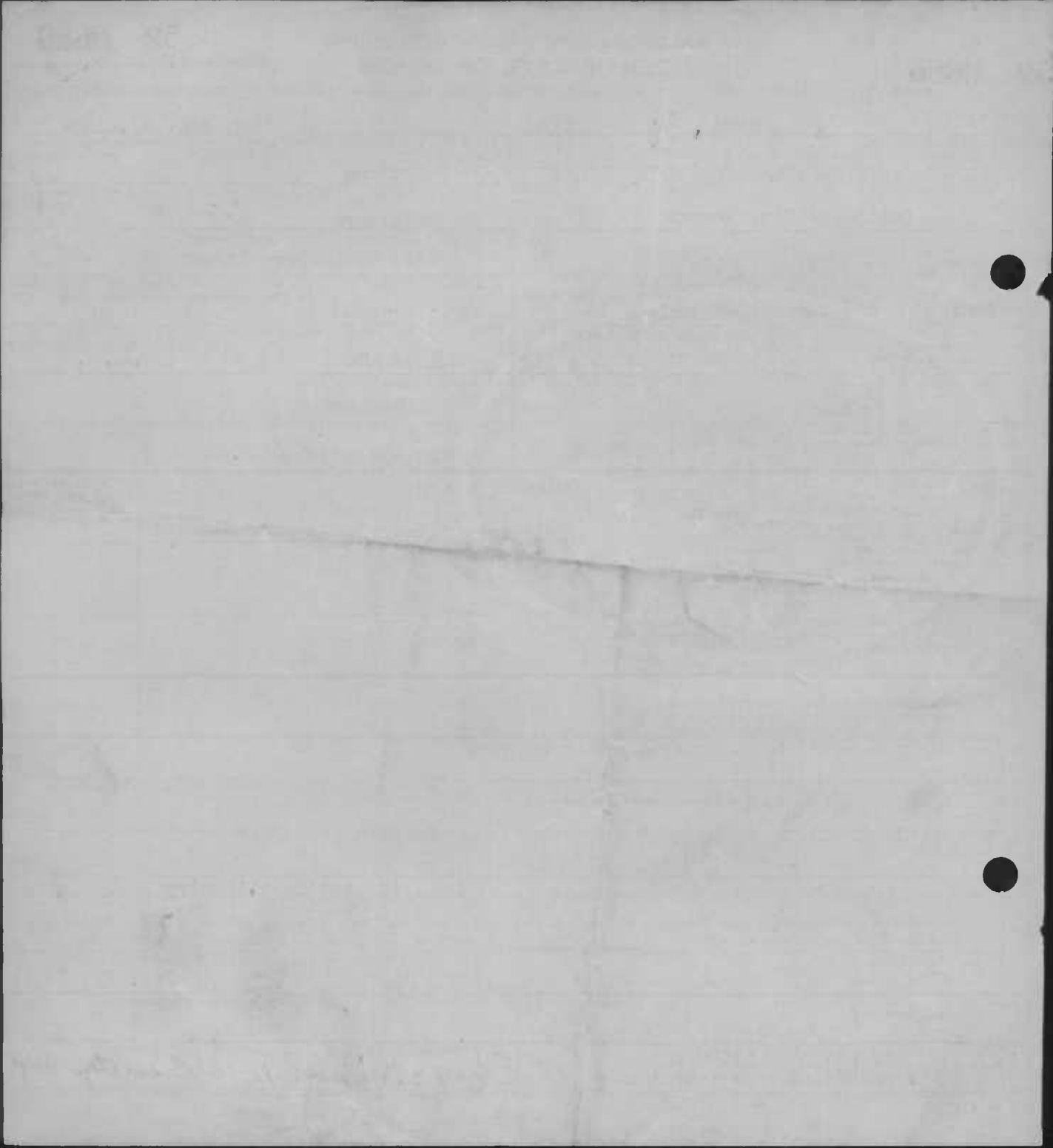
25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1952

Huntington Williams, M.D.

Elroy Wilson 1010 Bristle up



246
52 0687BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0687

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAURICE CHESSLER

2. DATE
OF
DEATH

1-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Temple Garden Apts

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Temple Garden Apt 801

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

male

white

married

61

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

advertising

10B. KIND OF BUSINESS OR
INDUSTRY

self

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Belle Chessler - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) coronary thrombosis

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) coronary artery disease

1937

DUE TO

(C) coronary thrombosis

(1937)

(127. 200.1)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11/25, 1937, to 1/23, 1952, that I last saw the
deceased alive on 1/20, 1952, and that death occurred at 11:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2325 Eutaw Rd

1/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county) (State)

Burial

1-25-52

Hebrew Friendship

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1952

Huntington Williams, M.D. Jack Sawyer

2100 Eutaw Rd

7320
Zuckerg
Gutano PE

VALLEY

CONCRETE

REPAIRS

362
52 0688BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0688

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA STRAUSS

2. DATE
OF
DEATH

1-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4307 Pulisco Road

C. Length of stay in Baltimore

65

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4307 Pulisco Road

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420 0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1948, to Jan 23, 1952, that I last saw the
deceased alive on Jan 23, 1952, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenstein

M. D.

23B. ADDRESS

848 W. 36th St

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1952

Huntington Williams, M.D.

2100 Cutaw Pl

Leonard
Wallenstein
848 W 36 St
97 W
Lutheran (Page)

255
52 0689BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0689

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emil A. Lakeman			2. DATE OF DEATH Jan. 22nd. 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 128 N. Lakewood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02		
Length of stay in Baltimore 21 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 128 N. Lakewood Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-8-1897		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (State or foreign country) Finland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Victor Lahtinen			14. MOTHER'S MAIDEN NAME Edla Karamaki		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-05-8045	17. INFORMANT ADDRESS Mrs. Anna. Erickson 128 N. Lakewood Ave		

18. 470-1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	Coronary occlusion	
(B) DUE TO	Coronary Sclerosis	
(C) DUE TO	Hypotension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hemorrhoids	

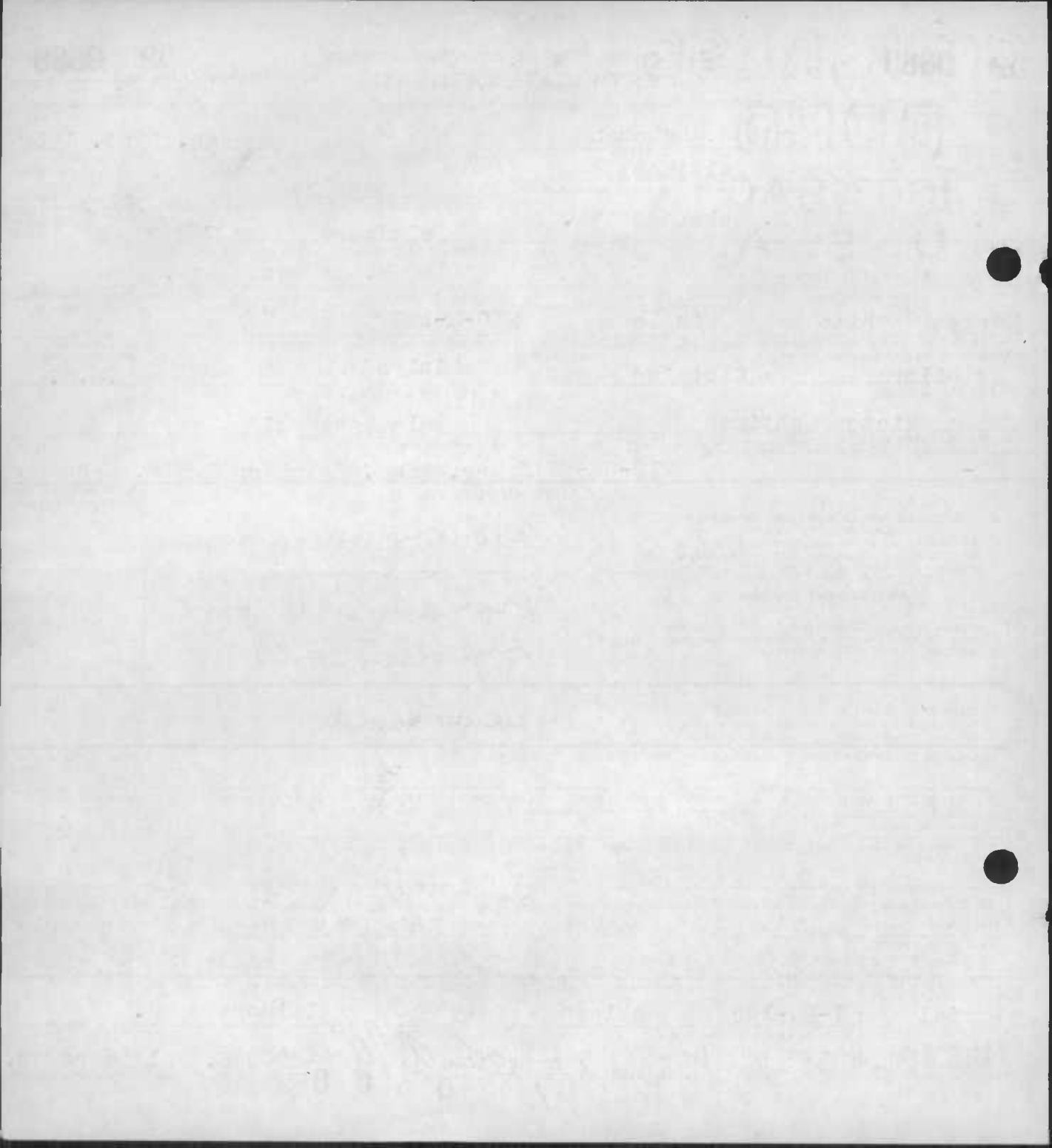
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Jan 22, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE Walter A. Anderson M.D.	23B. ADDRESS 3601 Shannon Drive (B)	23C. DATE SIGNED Jan 22-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-24-1952	24C. NAME OF CEMETERY OR CREMATORY Oaklawn	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

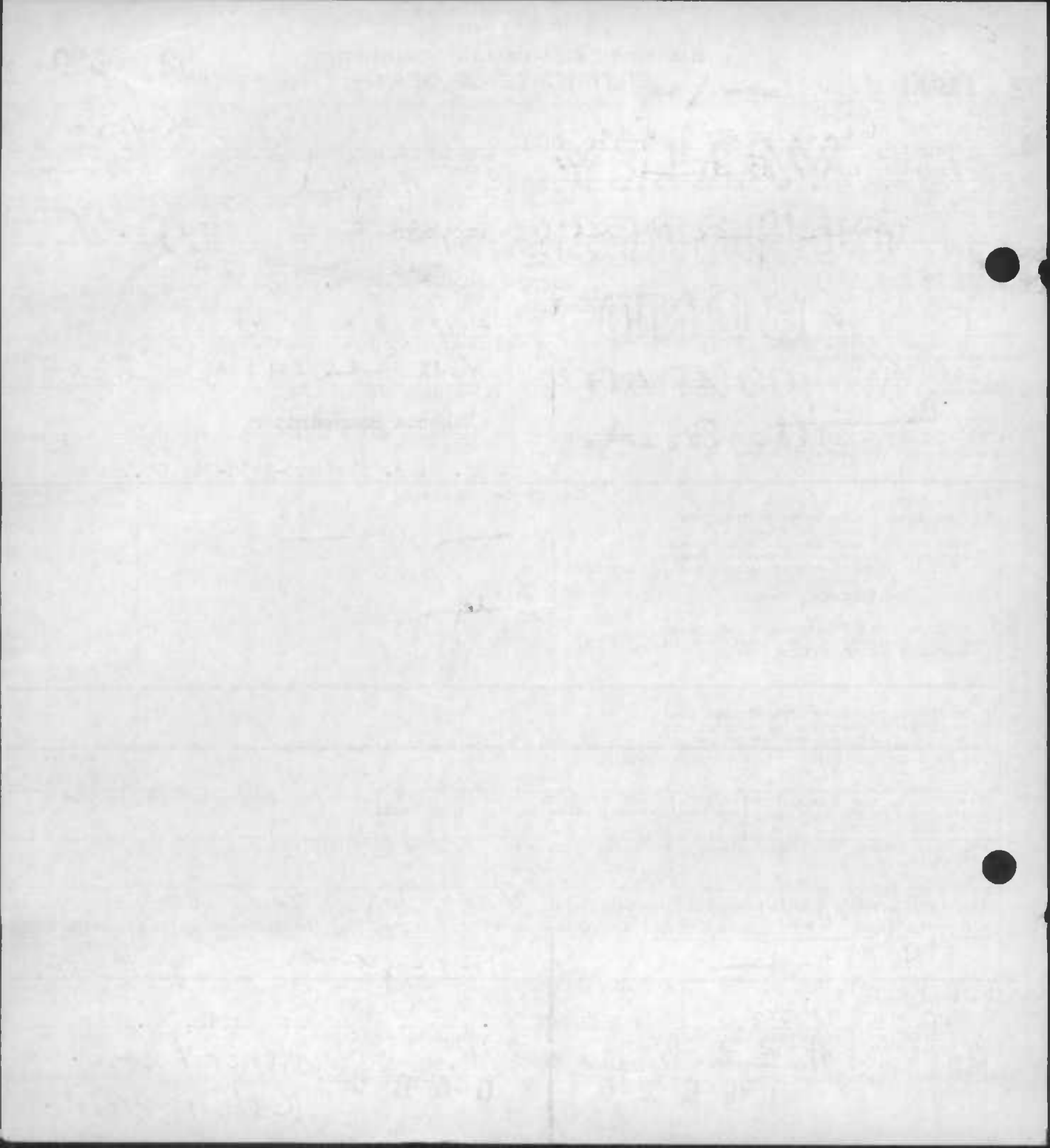
Registered No. **52 0690**

BIRTH NO. **52 0690**

1. NAME OF DECEASED (Type or Print) GENEVIEVE SHANNON		2. DATE OF DEATH 1/22/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn	
D. STREET ADDRESS (If rural, give location) 3438 - 7th St.		E. LENGTH OF STAY IN BALTIMORE 25	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 2-17-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10B. KIND OF BUSINESS OR INDUSTRY Own business	9. AGE (In years last birthday) 48 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME Wiley Cunningham		11. BIRTHPLACE (State or foreign country) North Carolina - U.S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rebecca Baumgardner	
17. INFORMANT Mr. J. B. Shannon-3438-7th St., Brooklyn		ADDRESS Md.	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO Epilepsy		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/1/1951 to 1/22/1952 , that I last saw the deceased alive on 1/22/1952 , and that death occurred at 8 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE A. P. Friedman		23B. ADDRESS 1319 Lytle St.		23C. DATE SIGNED 1/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/25/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Wickner & Sons		24H. ADDRESS 94a Baeto 17, Md.			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0691**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT MARION BOLLMAN

2. DATE
OF
DEATH

1.22.52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Doctors Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Baltimore, Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

700 Park Ave.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 8, 1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Commission Merchants

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Bollman

14. MOTHER'S MAIDEN NAME

Ellen F. Beziat

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Harry Ruhl - 625 Washington Ave., Landsdowne, Md.

18. **332X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Thrombosis**

10 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis**

?

(C) **Senility**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **November, 1951**, to **Jan. 22, 1952**, that I last saw the deceased alive on **Jan. 22, 1952**, and that death occurred at **1:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Walter Kohn

23B. ADDRESS

1025 Fort Ave.

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/24/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

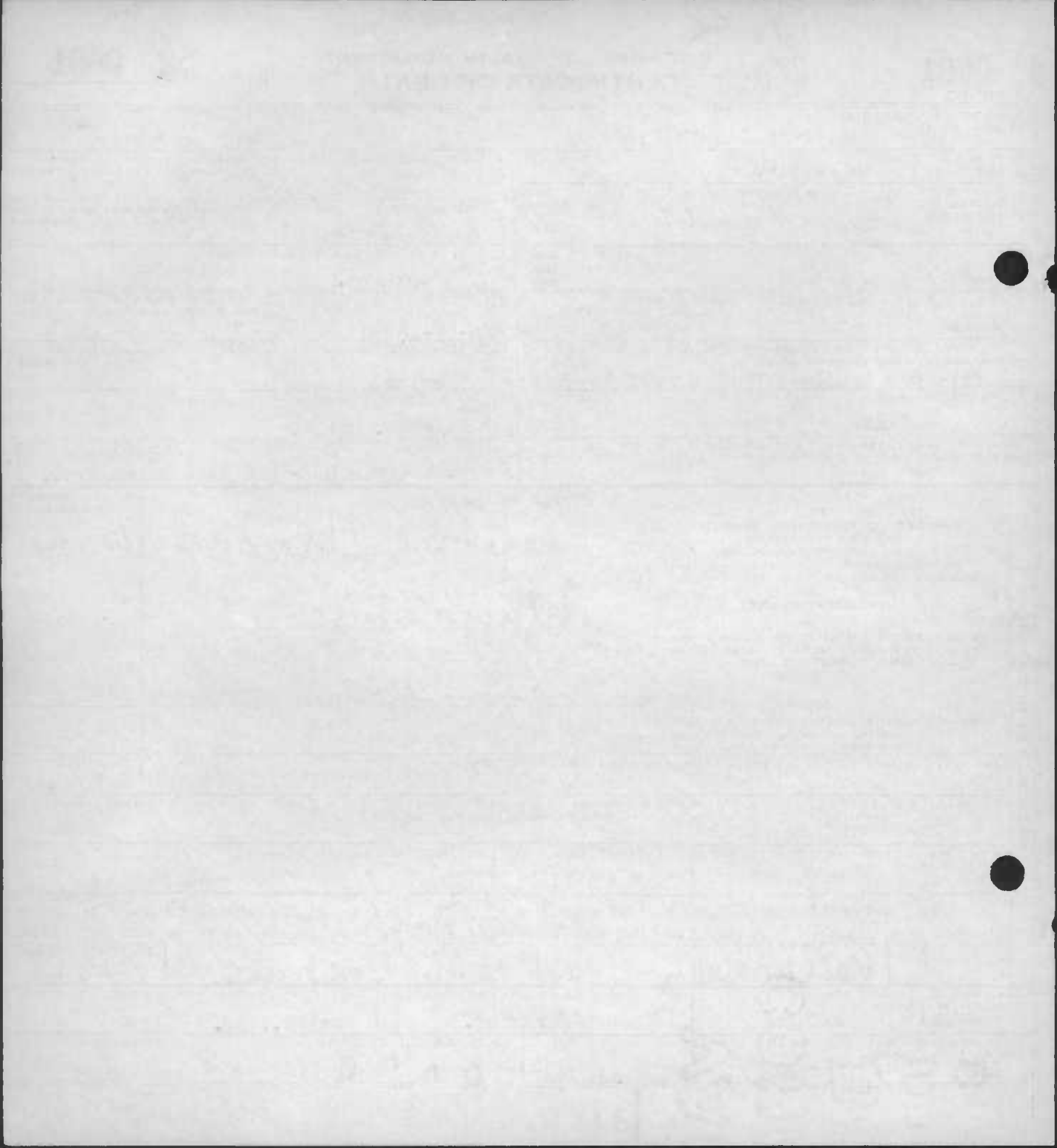
25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

83 B Balto. 17, Md.

MEDICAL CERTIFICATION



600 0692

52 0692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

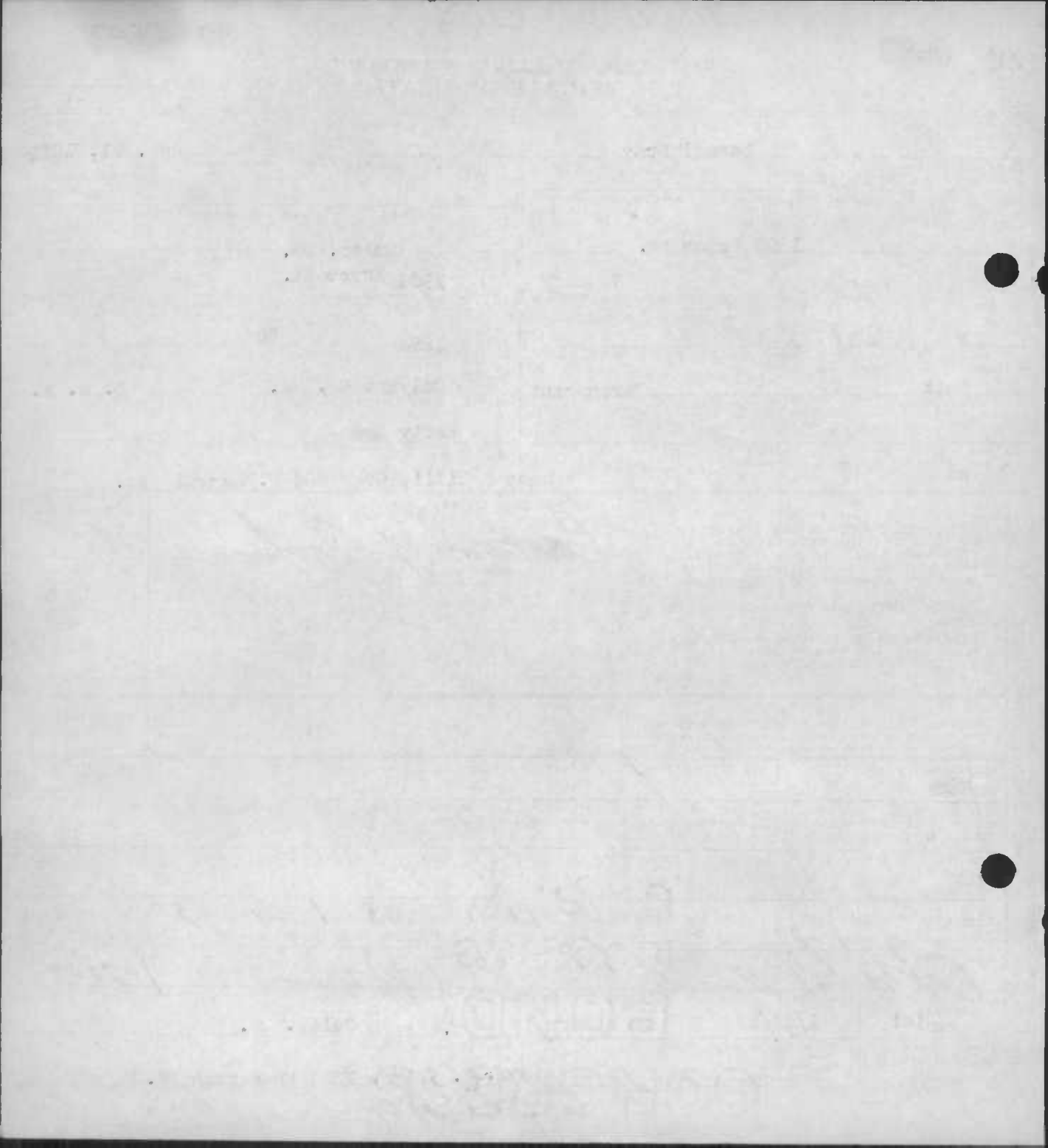
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Samuel Gray			2. DATE OF DEATH Jan. 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1303 Bruce St.			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Balto. Md.		
C. Length of stay in Baltimore 7 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1303 Bruce St.		
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1903	9. AGE (In years last birthday) 68	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Calvert Co. Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Betty Anne		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Lillie Gray 606 W. Lanvale St.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cavum of Rectum		INTERVAL BETWEEN ONSET AND DEATH P
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1-1-1 , 1952 to 1-21 , 1952, that I last saw the deceased alive on 1-21 , 1952, and that death occurred at _____ m., from the causes and on the date stated above.				
23A. SIGNATURE Robert W. [Signature]	23B. ADDRESS 86 [Signature]	23C. DATE SIGNED 1-23-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/24/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Geo. G. Nelson 1303 Presstman St.
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52 0693		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 0693 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Henrietta MARY FRANCIS			2. DATE OF DEATH January 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1513 N. Calhoun Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5/29/17	9. AGE (In years last birthday) 34	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress			10B. KIND OF BUSINESS OR INDUSTRY Caterer Bluefield		11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Wm Jones		
14. MOTHER'S MAIDEN NAME Emma Washington			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. ?			17. INFORMANT Emma Jones 1517 N. Calhoun St.		
18. E92X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Laceration of neck involving the jugular veins with air embolus					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic heart disease					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1513 N. Calhoun Street	
21D. TIME (Month) (Day) (Year) (Hour) Jan. 21, 1952 8:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Kelson		23B. CHIEF MEDICAL EXAMINER Geo. G. Kelson		23C. DATE SIGNED Jan. 22, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/26/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstmen St.		24F. ADDRESS 167	
25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstmen St.					
26. ADDRESS 167					

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side. The text is too light to transcribe accurately.]

552
52 0694
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0694

1. NAME OF DECEASED (Type or Print) WALTER WILLIAM KAMINSKI		2. DATE OF DEATH Jan. 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Lyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2725 E. Preston Street		5. LENGTH OF STAY IN BALTIMORE ? Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4/17/04
9. AGE (In years last birthday) 47		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY seafarer	
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Stanley Kaminski		14. MOTHER'S MAIDEN NAME Josephine ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 216-07-1105	
17. INFORMANT Records - US PHS Hospital, Balto, Md.		ADDRESS	

18. 4200 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease DUE TO Anginal syndrome DUE TO Infarction myocardium due to arteriosclerotic thrombosis, suspected.	INTERVAL BETWEEN ONSET AND DEATH ? 6 mos. ? 6 mos. Terminal
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 7 , 1952, to Jan. 23 , 1952, that I last saw the deceased alive on Jan. 23 , 1952, and that death occurred at 12:35 AM , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS M. D. US PHS Hospital, Balto, Md.		23C. DATE SIGNED 1/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. (State)		24F. (State)	
DATE RECEIVED BY JAN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John P. Nugley, Inc. 2435 E. Olney St.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0695

Registered No.

BIRTH NO. 52 0695

1. NAME OF DECEASED (Type or Print) Marion L. Elliott			2. DATE OF DEATH 1 - 22 - 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2426 Liberty Heights Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2426 Liberty Heights Ave.			E. LENGTH OF STAY IN BALTIMORE life Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12 - 26 - 07		9. AGE (In years last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist,		10B. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME William H. Elliott		
14. MOTHER'S MAIDEN NAME Ellen V. Layfield			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. Walter W. Elliott 2306 Elsinore Ave.		

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 177X I Carcinoma of Prostate with metastases		INTERVAL BETWEEN ONSET AND DEATH 1945
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ch. Myocarditis		1945
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19. DATE OF OPERATION Jan. 1945		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1 - 1949 to Jan 22, 1952 that I last saw the deceased alive on Jan 22, 1952 and that death occurred at 11:05 a.m. from the causes and on the date stated above.					
23. SIGNATURE James Brown		23B. ADDRESS 3602 Liberty Heights Ave.		23C. DATE SIGNED 1 - 23 - 52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 1 - 25 - 52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE Huntington W. Williams, M.D.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.	ADDRESS 707 B Mitchell
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2500

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

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234
52 0696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0696

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE

McDOWELL

2. DATE
OF DEATH Jan. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

684 Josephine Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 25, 1898

9. AGE (in years last birthday)

53

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

factory worker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sumter S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Judge Williams

14. MOTHER'S MAIDEN NAME

Janie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ann Webster

ADDRESS

2101 Righill Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley B. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan. 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

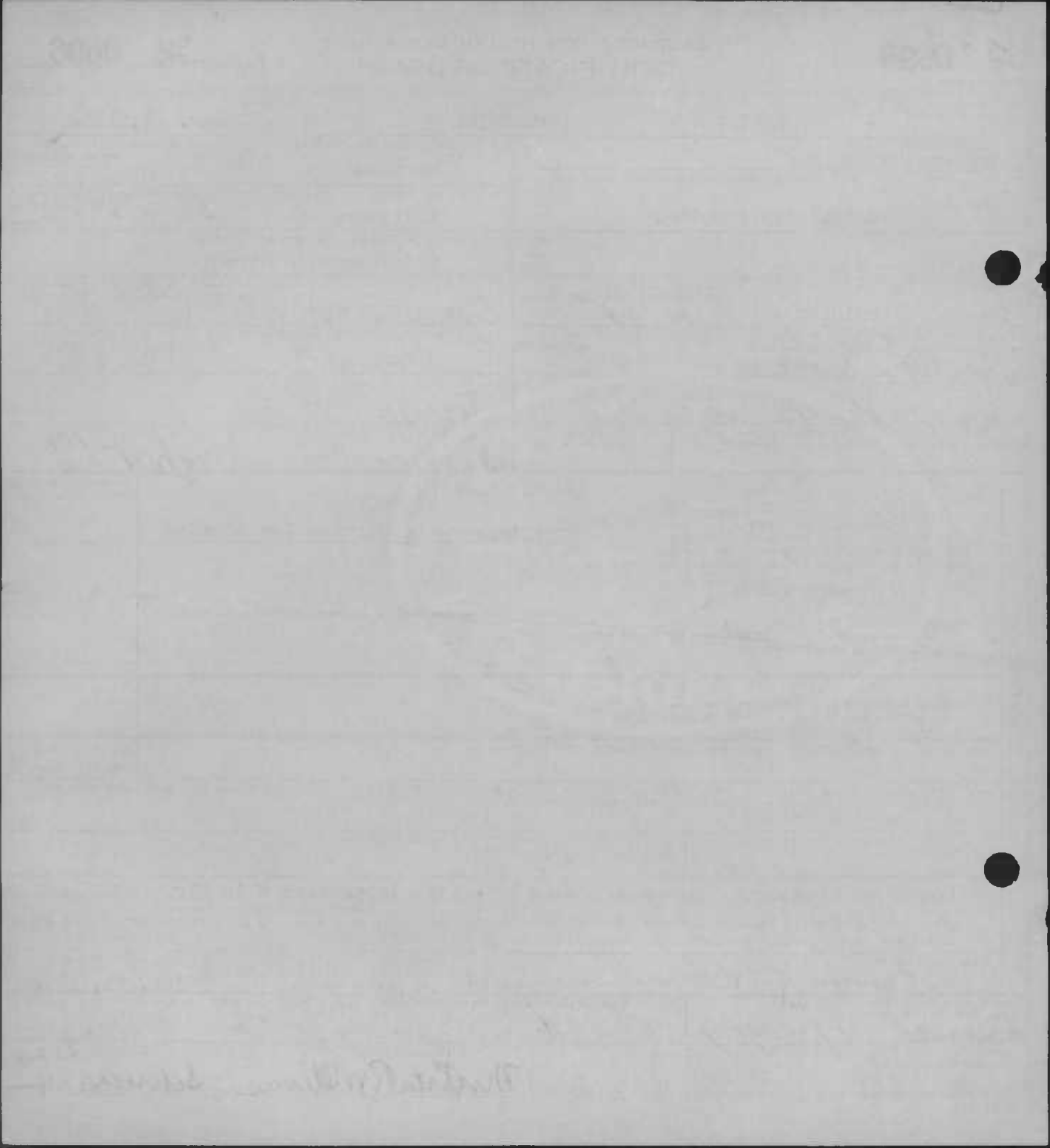
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0697

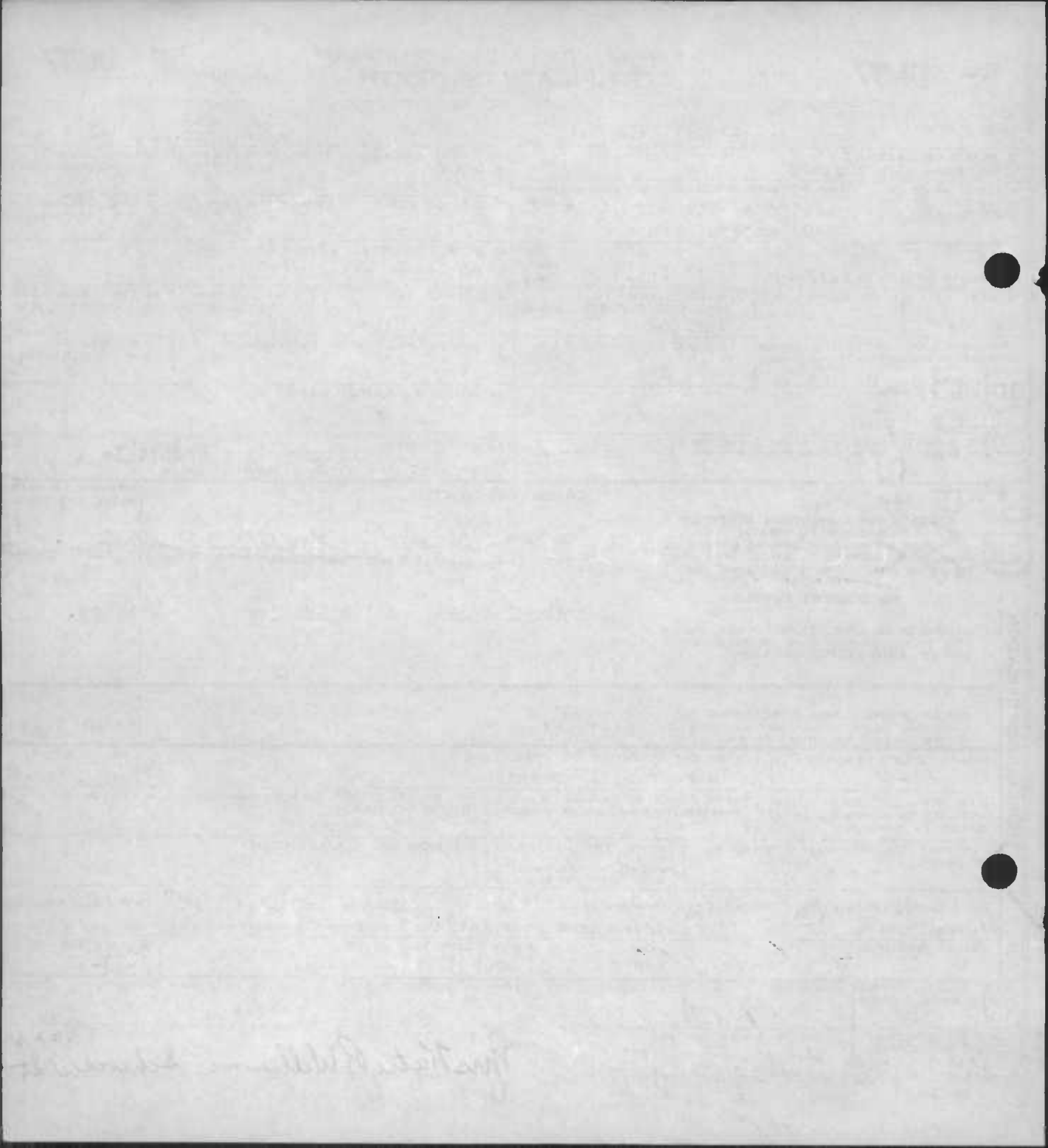
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bessie Wedington			2. DATE OF DEATH Jan. 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE 10 Yrs.			D. STREET ADDRESS (If rural, give location) 421 Myrtle Ave. (1)		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1916	9. AGE (in years last birthday) 35	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Richard Green			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			18. MOTHER'S MAIDEN NAME Ada Macklin		

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured intracranial aneurysm with subarachnoid hemorrhage (A) DUE TO Cerebral Edema post operative (B) DUE TO Aspiration (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 Wk. 6 Hrs. 10 Minutes
---	--

19A. DATE OF OPERATION 1-21-52	19B. MAJOR FINDINGS OF OPERATION Intracranial aneurysm	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-11 , 19 51 , to 1-22 , 19 52 , that I last saw the deceased alive on 1-22 , 19 52 , and that death occurred at 9:05 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE G. S. Rogers	23B. ADDRESS M. D. 4940 Eastern Avenue	23C. DATE SIGNED 1-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 1/25/1952	24C. NAME OF CEMETERY OR CREMATORY Lawrenceville Va	24D. LOCATION (City, town, or county) (State) Lawrenceville Va.
DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mrs. Katie B. Williams	ADDRESS Schneider St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0698
Registered No. _____

535
0698
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ollie Snowden			2. DATE OF DEATH 1-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 16-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
C. Length of stay in Baltimore 54			D. STREET ADDRESS (If rural, give location) 807 N. Pulton Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1898	9. AGE (In years last birthday) 54	If Under 1 Year Months: Days If Under 24 Hours Hours: Mtn.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY PACA Pratt Bldg		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY? USA			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Mathias Snowden			14. MOTHER'S MAIDEN NAME Catherine Queen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Wife	
18. 540.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gastric Hemorrhage**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Gastric Ulcer**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Gastric Ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-9-**, 19**52** to **1-22-**, 19**52** that I last saw the deceased alive on **1-22-**, 19**52**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. **University** 23C. DATE SIGNED **23 Jan 52**

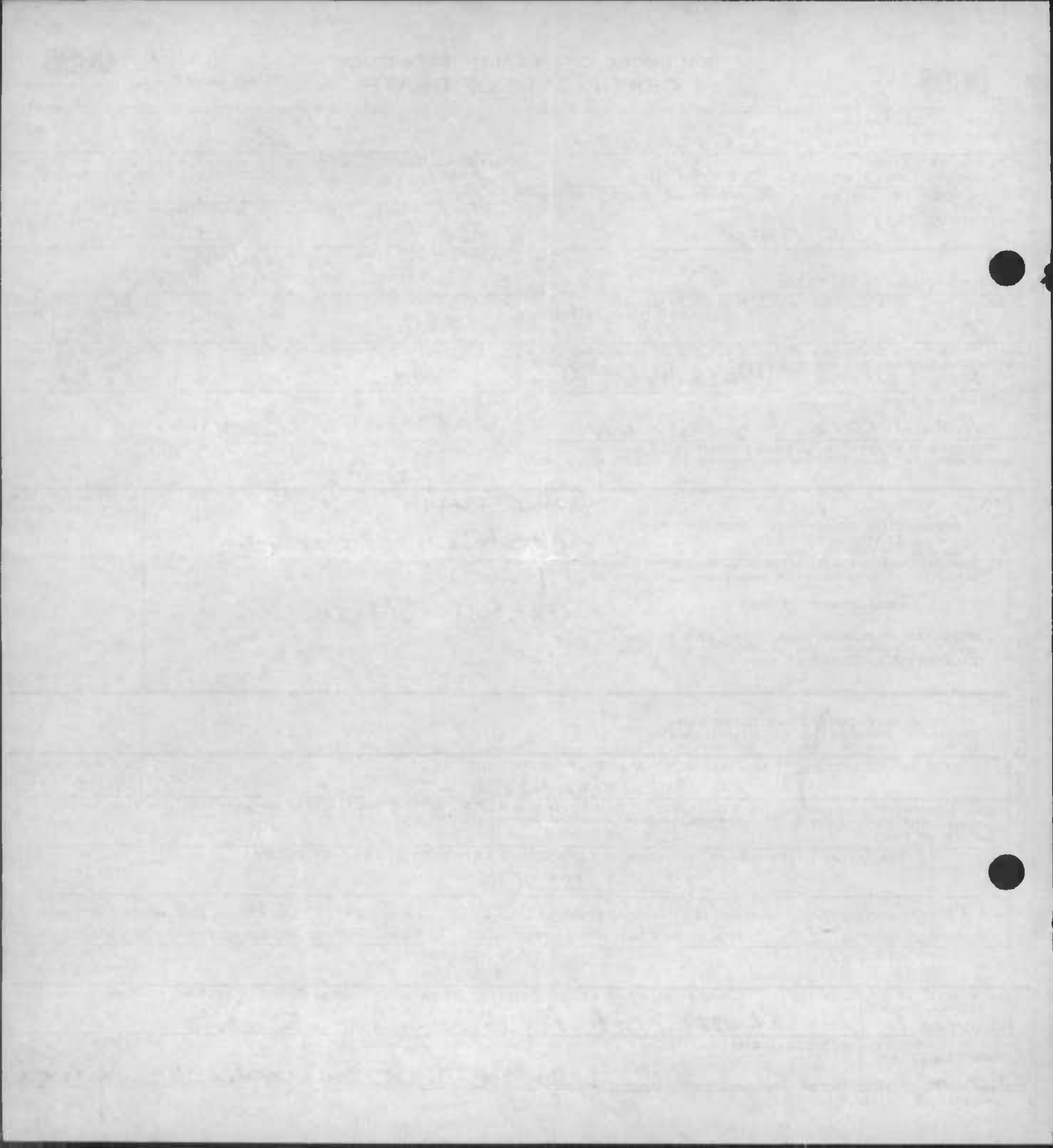
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-26-1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR James A. Hayes	ADDRESS 638 N. Gilman

JAN 24 1952
VS 150

780 74

117a

MEDICAL CERTIFICATION



610
52 0699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0699
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John Murphy</i>			2. DATE OF DEATH <i>20 Jan 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>all his life</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 21 1872</i>	9. AGE (In years last birthday) <i>79</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Patrick Murphy</i>			14. MOTHER'S MAIDEN NAME <i>Mary Margaret Collins</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>		
18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myocarditis</i> DUE TO ANTECEDENT CAUSES <i>Arterio Sclerosis -</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr -</i> <i>5 yrs</i>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 14 - 1952</i> , to <i>Jan 20, 1952</i> , that I last saw the deceased alive on <i>Jan 19 - 1952</i> , and that death occurred at <i>8 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall Md</i>		23B. ADDRESS <i>1631 E North Ave</i>		23C. DATE SIGNED <i>Jan 21-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 25 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town or county) (State) <i>Baltimore</i>		24E. LOCATION (City, town or county) (State) <i>Baltimore</i>		24F. LOCATION (City, town or county) (State) <i>Baltimore</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 24 1952</i>		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams MD</i>		24I. FUNERAL DIRECTOR'S ADDRESS <i>18 W. Bridgefield 9006 Biddle St</i>	

MEDICAL CERTIFICATION

93D

356
0700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0700
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Steinmeier, Frank Eugene

2. DATE
OF
DEATH

1/21/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 10, 1897

9. AGE (in years
last birthday)

54

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR
INDUSTRY

Hind & Dausch

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George E. Steinmeier

14. MOTHER'S MAIDEN NAME

Mary R. Mooney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
212-07-3930

17. INFORMANT

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/1952, to 1/21/1952, that I last saw the
deceased alive on 1/21/1952, and that death occurred at 11:2 a.m. from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

Jan 25/52

Cathedral

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1952

Huntington 5144, 2nd Fl. 900 E. Biddle St

2-50
52 0701

APPROVED BY THE MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0701

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ann McKeown

2. DATE
OF
DEATH

January 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's

Length of stay in Baltimore

SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

O. STREET ADDRESS (If rural, give location)
Valley & Chase Sts.
Little Sisters of the Poor

8. DATE OF BIRTH

Aug. , 1868

9. AGE (In years
last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E903.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypostatic pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Comminuted intertrochanteric fracture,
left femur

DUE TO

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Valley & Chase Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

October 11, 1951

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor

22. I hereby certify that I attended the deceased from October 12, 1951, to January 21, 1952, that I last saw the
deceased alive on Jan. 21, 1952, and that death occurred at 12:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Jan. 21, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rita Wiedfeld

ADDRESS

900 E. Biddle St

VS 150

N-870.1

186a

1070

50

1070

50

Collection

Collection

Collection

Collection

631
52 0702

52 0702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence S. Bredenkraft

2. DATE
OF
DEATH

Jan. 23-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3203 Evergreen Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 27-44

D. STREET ADDRESS (If rural, give location)

3203 Evergreen Ave

Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 23-1868 (183)

9. AGE (In years last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bald Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theodore Calton

14. MOTHER'S MAIDEN NAME

Emma J. Bright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Marie Hattori - 3203 Evergreen

ADDRESS

18. 470.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 days

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1952, to Jan 23, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Standing

M. D.

23B. ADDRESS

3805 Selain Rd

23C. DATE SIGNED

Jan 23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-26-52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR
JAN 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Buck

ADDRESS

5305 Hayford

Dr. Harding

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 0703

BIRTH NO. 650

1. NAME OF DECEASED (Type or Print) MARIE A. KRAM			2. DATE OF DEATH January 22, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 634 S. Fagley St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 634 S. Fagley St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1910		9. AGE (In years last birthday) 41
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.		10B. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard McNicholas			14. MOTHER'S MAIDEN NAME Jennie Behr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS George J. Kram 634 S. Fagley St.		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH 3 years
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Ulcerative Colitis		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-12-1950 to 1-22-52, 1952, that I last saw the deceased alive on 1-21-, 1952, and that death occurred at 7:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE <i>John Costantino</i>	23B. ADDRESS <i>234 S. Conkling Street</i>	23C. DATE SIGNED <i>1-24-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE January 25, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) 4430 Belair Rd. Balto., Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Charles S. Geller 901 S. Conkling St.</i>
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CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]
AGE: [illegible]
SEX: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
DATE OF DEATH: [illegible]
PLACE OF DEATH: [illegible]
CAUSE OF DEATH: [illegible]
MANNER OF DEATH: [illegible]
SIGNATURE OF REGISTRAR: [illegible]
OFFICE: [illegible]

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0704**

1. NAME OF DECEASED (Type or Print) PAUL Augustus LEONARD		2. DATE OF DEATH Jan. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY Y-43	
5. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arlington	
6. Length of stay in Baltimore 0 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3400 S. Stafford St.	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	10. DATE OF BIRTH Apr-29-1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Robin-Trent Co.	11. BIRTHPLACE (State or foreign country) Milledgeville, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Erasmus A. Leonard	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service) ?		15. SOCIAL SECURITY NO. None	
16. INFORMANT Mrs. Mary Klein (daughter)		ADDRESS Arlington, Va.	

CAUSE OF DEATH

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) Fatty liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE <i>Stanley H. Overlock</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 23, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan-25-1952		24C. NAME OF CEMETERY OR CREMATORY Milledgeville, Georgia		24D. LOCATION (City, town, or county) (State) Milledgeville, Ga.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Avenue		ADDRESS	

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0705**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dr Robert N Sher			2. DATE OF DEATH January 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2604 Garrison Blvd			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 37 Yrs			d. STREET ADDRESS (If rural, give location) 3507 Garrison Blvd		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 29, 1885		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor			11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr Michael R Sher Old Court Road Pikesville Md		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 hour
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Embolus -		
DUE TO		
(B) Coronary heart disease		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		6 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1952 to 1-23-1952 , that I last saw the deceased alive on 1-23-1952 , and that death occurred at 8:40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edward J. Warner		23B. ADDRESS 2604 Garrison Blvd		23C. DATE SIGNED 1-24-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan, 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Beth Tfiloh Cong Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Sgt. Lepore + Bros		ADDRESS 1126 W North Ave	

VS 150

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94a

MEDICAL CERTIFICATION

100

100

100

100

100

100

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0706

BIRTH NO. 50-04807

1. NAME OF DECEASED (Type or Print) Conrad Brower			2. DATE OF DEATH 1-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 22 Mos.			D. STREET ADDRESS (If rural, give location) 943 Quantrel Way #5		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 7, 1950	9. AGE (in years last birthday) 1 yr.	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Albert Brower			14. MOTHER'S MAIDEN NAME Evelyn Sherman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Evelyn Sherman Brower 943 Quantrel Way		

18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO			
ANTECEDENT CAUSES		(B) 7. hr. Convulsion	6 hr
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Bronchopneumonia, ill	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-22, 1951**, to **1-22, 1951**, that I last saw the deceased alive on **1-22, 1952**, and that death occurred at **11:25 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Harold S. Farfel M.D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 1-22-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/25/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. G. Galt, Inc.		ADDRESS 1217 H. Paul St.	

See query reply in document file
for full anatomical diagnosis

622
52144-0707BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0707

1. NAME OF DECEASED (Type or Print) Victoria Tryciak (Victoria Trzeciak)			2. DATE OF DEATH Jan. 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 54 Yrs.			D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1893	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. **401.1 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Subacute bacterial endocarditis
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
3 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

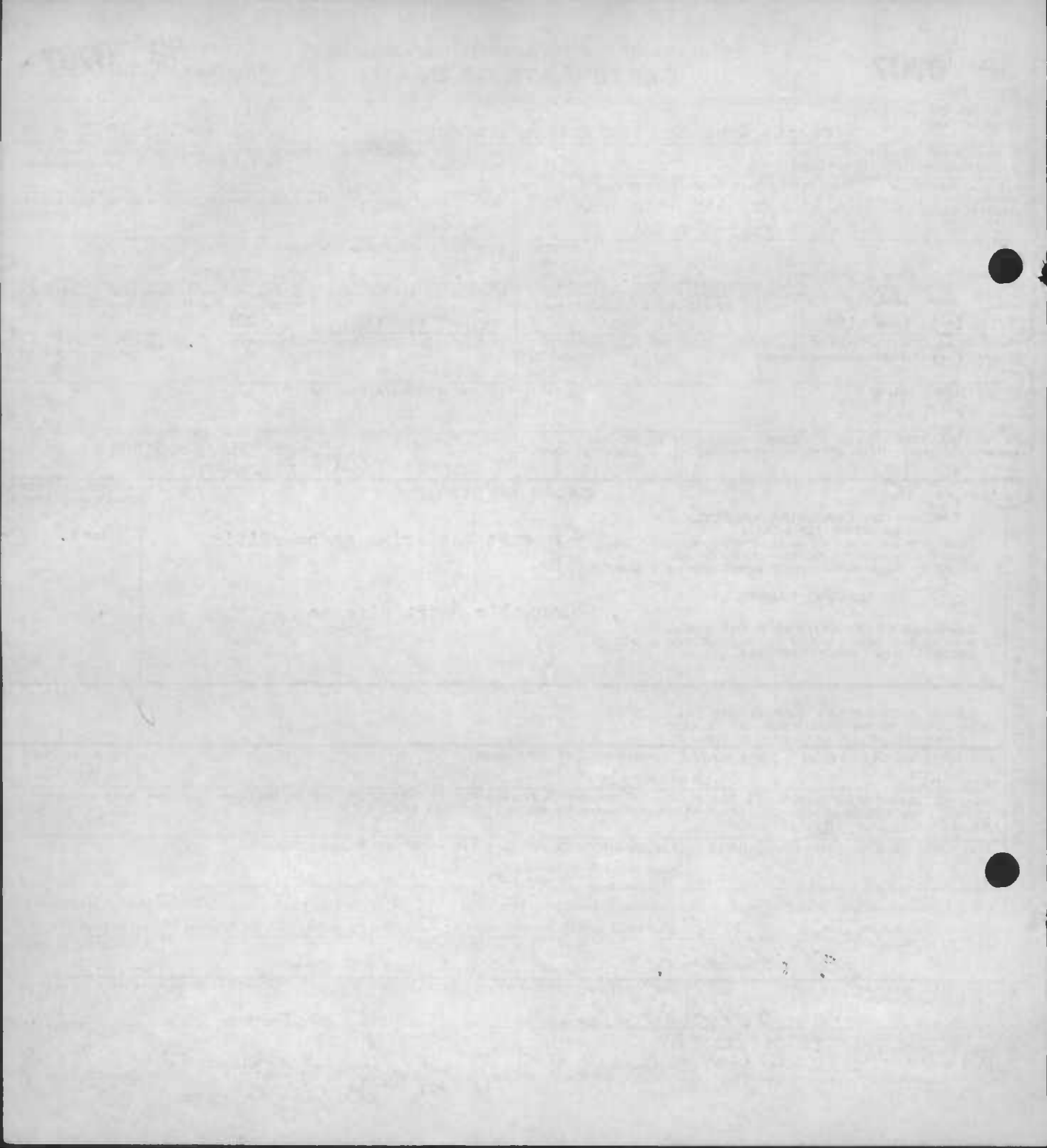
19A. DATE OF OPERATION 6-27-51	19B. MAJOR FINDINGS OF OPERATION Splenomegaly	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-18**, 1950, to **1-23**, 1952 that I last saw the deceased alive on **1-23**, 1952 and that death occurred at **9:21a m.**, from the causes and on the date stated above.

23A. SIGNATURE J. D. Ozyen	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 1-23-52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Jan. 25/52	24C. NAME OF CEMETERY OR CREMATORY St Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Frederick J. Ozaewski	ADDRESS 1980 Eastern Ave
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 0708

BIRTH NO. 362

1. NAME OF DECEASED (Type or Print) **WALTER-C-PATRICK-SR** 2. DATE OF DEATH **Jan 22-1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland **Balto City** 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE **Md** B. COUNTY **8-01**

B. FULL NAME OF (If not in hospital or institution, give street address or location) **St Pauls nursing home** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Balto**

D. STREET ADDRESS (If rural, give location) **3021 Erdman Ave** Length of stay in Baltimore **Life** Yrs. Mos. Days

5. SEX **M** 6. COLOR OR RACE **W** 7. ~~STATUS~~ **WIDOWED-DIVORCED** (Specify) 8. DATE OF BIRTH **July 7-1896** 9. AGE (In years last birthday) **55** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Policeman** 10B. KIND OF BUSINESS OR INDUSTRY **Police Dept** 11. BIRTHPLACE (State or foreign country) **Balto Md** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **John S. Patrick** 14. MOTHER'S MAIDEN NAME **Anna Rose Heilmann**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **yes** (If yes, give war or dates of service) **1st War** 16. SOCIAL SECURITY NO. **320-18-6390** 17. INFORMANT **Mrs Helen D. Patrick** ADDRESS **3021 Erdman Ave**

18. **4 yrs 1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Cerebral Thrombosis** (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH **1 week**

ANTECEDENT CAUSES (B) **arteriosclerotic Cardiovascular Disease** DUE TO **3 yrs.**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 2, 1950** to **Jan. 22, 1952** that I last saw the deceased alive on **Jan. 17, 1952** and that death occurred at **5:15 A. m.** from the causes and on the date stated above.

23A. SIGNATURE **Isaiah Rosen** M. D. 23B. ADDRESS **2413 E. Monument St** 23C. DATE SIGNED **1/24/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **1-25-1952** 24C. NAME OF CEMETERY OR CREMATORY **Balto National** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 24 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **J. J. P. + Sons** ADDRESS **937 1743 9B 3001 Kentucky Ave**

1896

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0709**

BIRTH NO. **52D-15377**

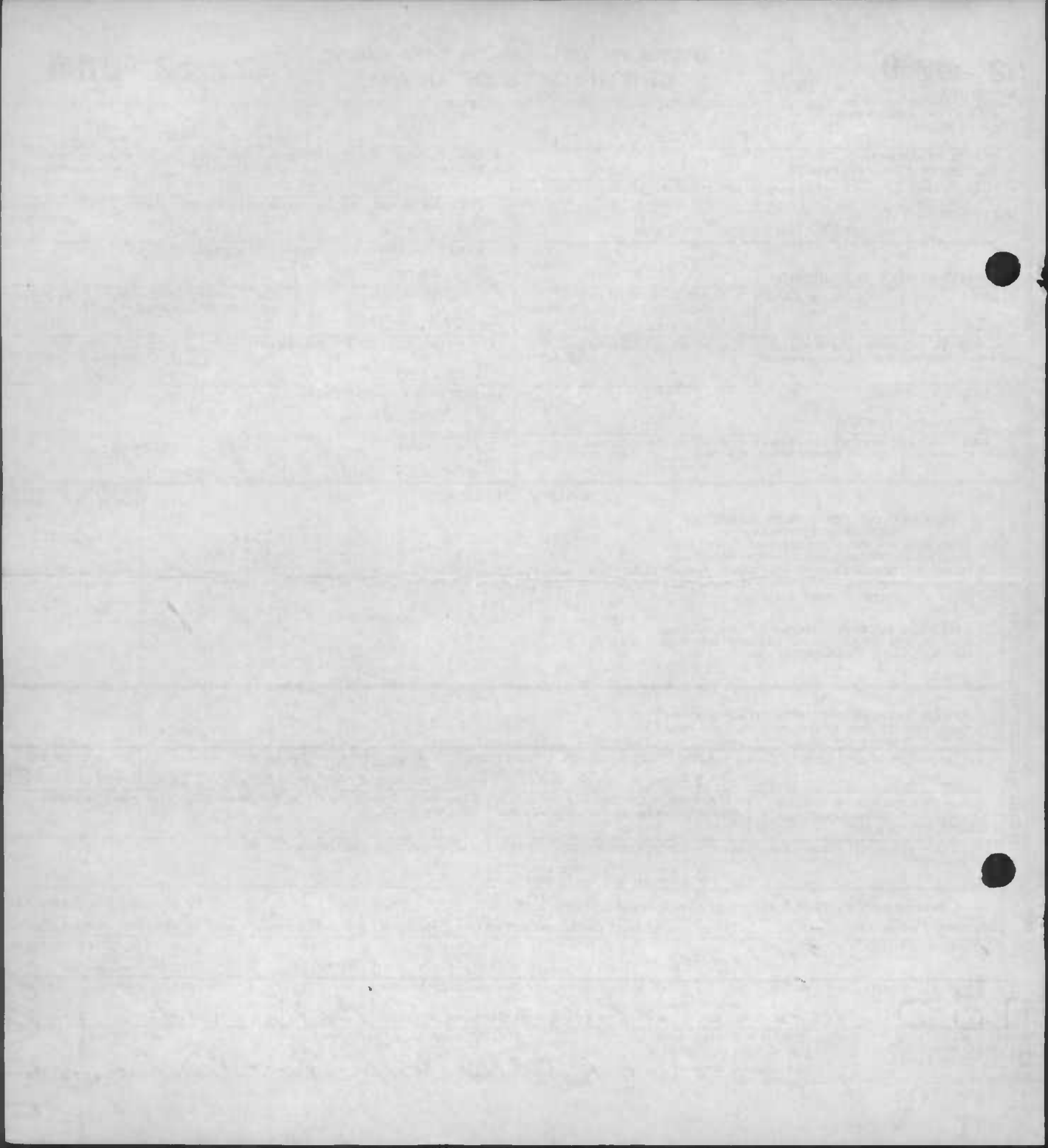
5027699

1. NAME OF DECEASED (Type or Print) Howard Moore			2. DATE OF DEATH Jan. 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 403 Burr Way (22)			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 18, 1950		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Howard Moore			14. MOTHER'S MAIDEN NAME Reba Moore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 340-3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac arrest during craniotomy for removal of subdural hematoma membranes		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Meningitis, etiology undetermined		5 Months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1-23-52		19B. MAJOR FINDINGS OF OPERATION Subdural membrane formation pyogenic meningitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-24 , 19 51 , to 1-23 , 19 52 , that I last saw the deceased alive on 1-23 , 19 52 , and that death occurred at 12:07 pm. , from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 1-24-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-25-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. Lawrence - 802 Madison Ave.	



52 0710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0710

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE A. CLARKE

2. DATE
OF
DEATH

Jan 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

919 N. CASTLE ST

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

919 N. CASTLE ST

7-04

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

FEMALE

WHITE

MARRIED

10-14-1890

61

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

HOUSEWORK

NONE

MARYLAND

U.S.A

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

JOHN CONSTANCE

ELLEN GORDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JAMES R. CLARKE 919 N. CASTLE ST

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1950 to 1/23, 1952 that I last saw the
deceased alive on 1/23, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1-26-52

HOLY REDEEMER

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

FRANK QUAYSON 900 CHESTER ST

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0711
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS STRUHAR

2. DATE
OF
DEATH

1-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1239 S. DECKER AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1239 S. DECKER AVE 1-01

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.

MALE

WHITE

WIDOWED

NOV. 16, 1883

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

SHEET METAL ROLLER

SHEET MILL

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

MADALENE VLCEK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-07-9147

17. INFORMANT

ADDRESS

PETER STRUHAR 1239 S. DECKER

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Hypertensive C.V. Disease

Oct 15/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Hemorrhage

1-20-52

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Bronchial Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to Jan 22, 1952, that I last saw the deceased alive on 1-21, 1952, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1-26-52

HOLY REDEEMER

BALTIMORE

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

FRANK CVACH & SON 900 N. CHESTER ST

MEDICAL CERTIFICATION

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

52 0712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0712
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUGI LUPERUTA

2. DATE
OF
DEATH

1/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Sina, Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

1300 Bough ST.

Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Nov. 16 1885

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: Days

2

If Under 24 Hours
Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Naples Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Tamburello 26 S. Ann St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Cong. H.T. Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

ASHD

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1/20, 1952 to 1/23, 1952, that I last saw the
deceased alive on 1/23, 1952 and that death occurred at 2:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 25 1952

Holy Redeemer Cem.

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

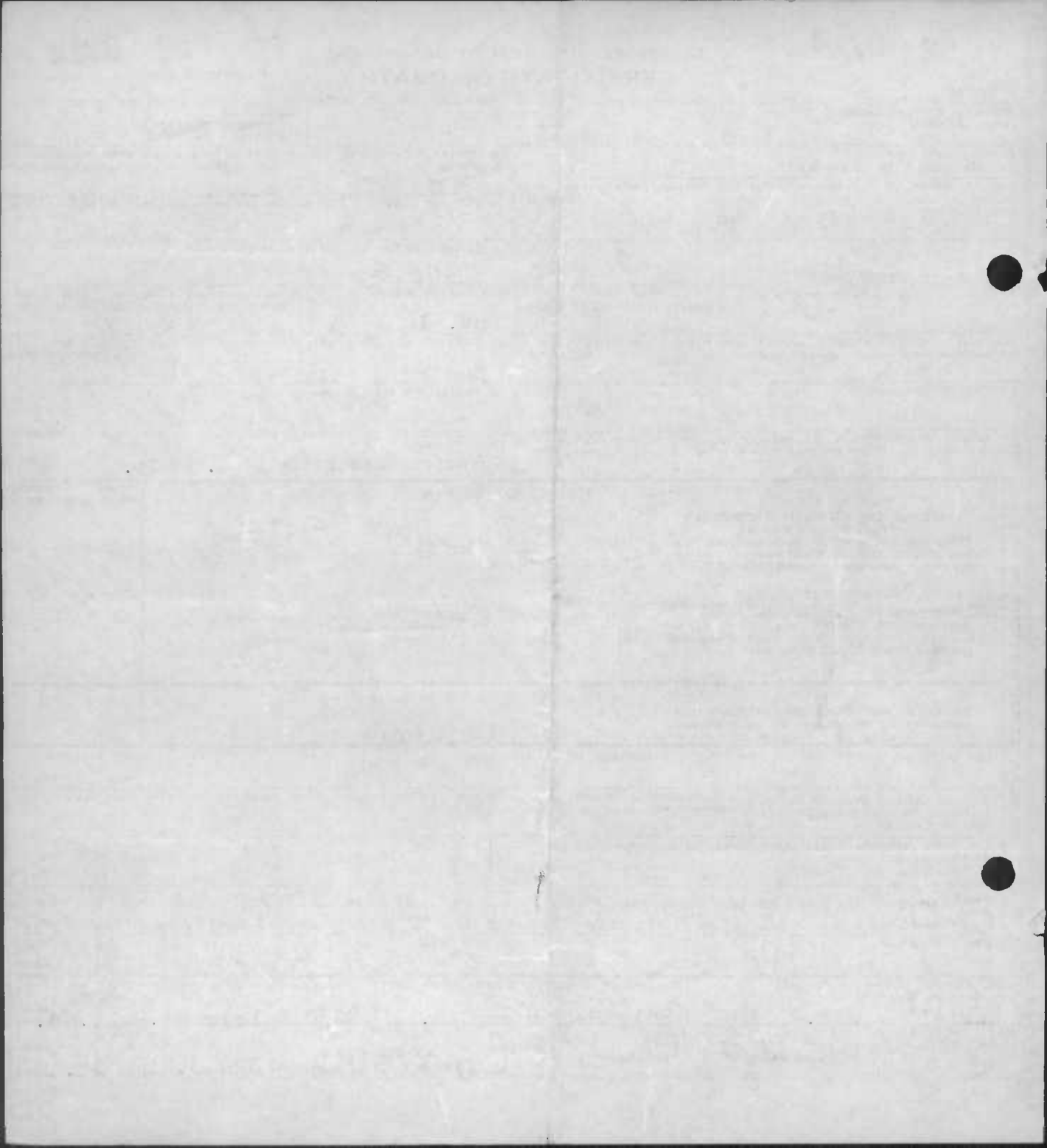
25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

Huntington Williams, M.D.

322 S. High St.



52 0713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0713

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS J. FRENEY

2. DATE
OF DEATH

Jan 22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

118 S. HIGH ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 3-02

D. STREET ADDRESS (If rural, give location)

118 S. HIGH ST.

Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN-20-1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

CHARLES FRENEY

14. MOTHER'S MAIDEN NAME

WINKYOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES. 2 WORLD WAR 219-03-2697

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CECILIA TEMPER 118 S High St

18. 000 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1st, 1951, to Jan 21, 1952, that I last saw the
deceased alive on Jan 21, 1952, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Shuman

M. D.

23B. ADDRESS

2687 Madison Ave

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

JAN. 25. 1952

24C. NAME OF CEMETERY OR CREMATORY

BALTO. V.S. National

24D. LOCATION (City, town, or county)

Frederick Rd.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

WENDELL J. DIPPEL 312 S Highland Ave

JAN 25 1952

VS 150

1312

MEDICAL CERTIFICATION

VALLEY
CONGRESS
AND
AG

652
52 0714BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0714

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print).

AGNES L. BARNES

2. DATE
OF
DEATH

1-23-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

378 S. CALHOUN ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE Md b. COUNTY 19-03

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

378 S. CALHOUN ST

e. Length of stay in Baltimore

Yrs. Mos. Days

f. SEX

MALE

g. COLOR OR RACE

White

h. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

i. DATE OF BIRTH

3-31-1897

j. AGE (In years
last birthday)

54

k. Under 1 Year
Months: Daysl. Under 24 Hours
Hours: Min.m. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hus

n. KIND OF BUSINESS OR
INDUSTRY

BALTIMORE MD

o. BIRTHPLACE (State or foreign country)

BALTIMORE MD

p. CITIZEN OF
WHAT COUNTRY?

BALTIMORE MD

q. FATHER'S NAME

CHARLES A. WEINREICH

r. MOTHER'S MAIDEN NAME

GERTRUDE V. BRUNDRIGE

s. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

t. SOCIAL
SECURITY NO.

ALBERT A. BARNES JR 378 S. CALHOUN ST

u. INFORMANT

ADDRESS

378 S. CALHOUN ST

v. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)2. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.3. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

4. DATE OF OPERATION

5. MAJOR FINDINGS OF OPERATION

6. AUTOPSY?

7. YES ☐ NO ☐8. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH9. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)10. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)11. TIME (Month) (Day) (Year) (Hour)
INJURY

12. INJURY OCCURRED

13. HOW DID INJURY OCCUR?

14. I hereby certify that I attended the deceased from Oct 15, 1951, to Jan 20, 1952, that I last saw the
deceased alive on Jan 22, 1952, and that death occurred at 5:09 a. m., from the causes and on the date stated above.

15. SIGNATURE

16. ADDRESS

17. DATE SIGNED

18. BURIAL, CREMA-
TION, REMOVAL (Specify)

19. DATE

20. NAME OF CEMETERY OR CREMATORY

21. LOCATION (City, town, or county
(State)22. DATE RECEIVED BY
LOCAL REGISTRAR

23. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

25. ADDRESS

JAN 25 1952

VS 150

Huntington Williams, M.D.

107 E. B. M. Walters

Pratt & Strickland

X 312

-432
52 0715BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0715

BIRTH NO.

ROSA

1. NAME OF DECEASED
(Type or Print)

Roda Lee Goldstein

2. DATE
OF
DEATH

January 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Swai Hospital of Bal

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Ind. -

D. STREET ADDRESS (If rural, give location)

3809 Chatham Road

15-10

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

July 4, 1904

9. AGE (In years
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Salisbury N. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry Miller

14. MOTHER'S MAIDEN NAME

Annie Suskin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Oscar Goldstein 3809 Chatham Road

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertension

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral Vascular

DUE TO

accident. -

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-23, 1952 to 1-24, 1952 that I last saw the
deceased alive on 1-24, 1952, and that death occurred at 8:40 AM from the causes and on the date stated above.

23A. SIGNATURE

Speedy

M. D.

23B. ADDRESS

Swai Hospital

23C. DATE SIGNED

1-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 25/52

24C. NAME OF CEMETERY OR CREMATORY

Beth Tfiloh Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Road Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

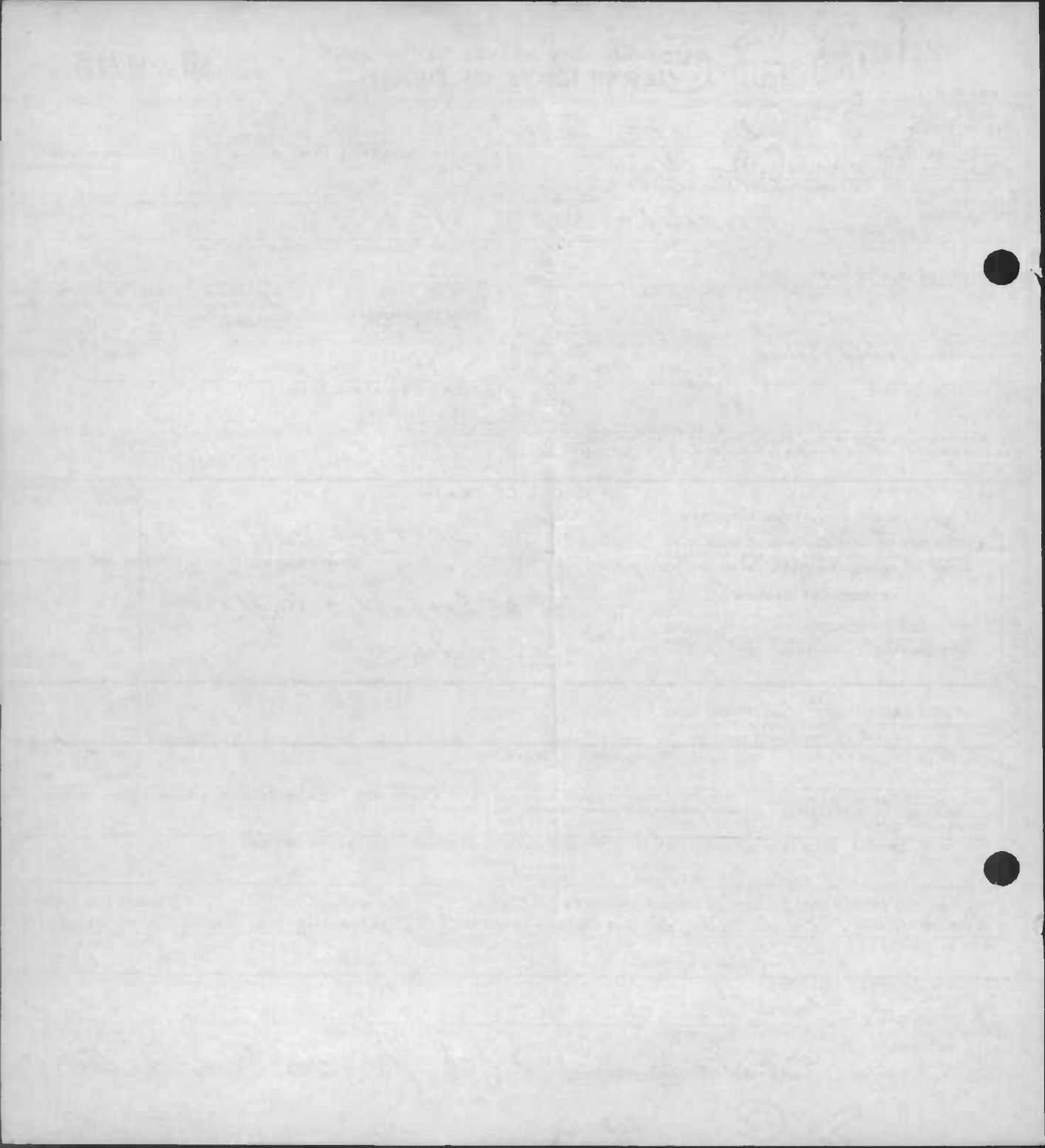
ADDRESS

JAN 25 1952

Huntington Williams, M.D.

Sol. Silverman Bros

11260 North ave



35
52 0716BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0716

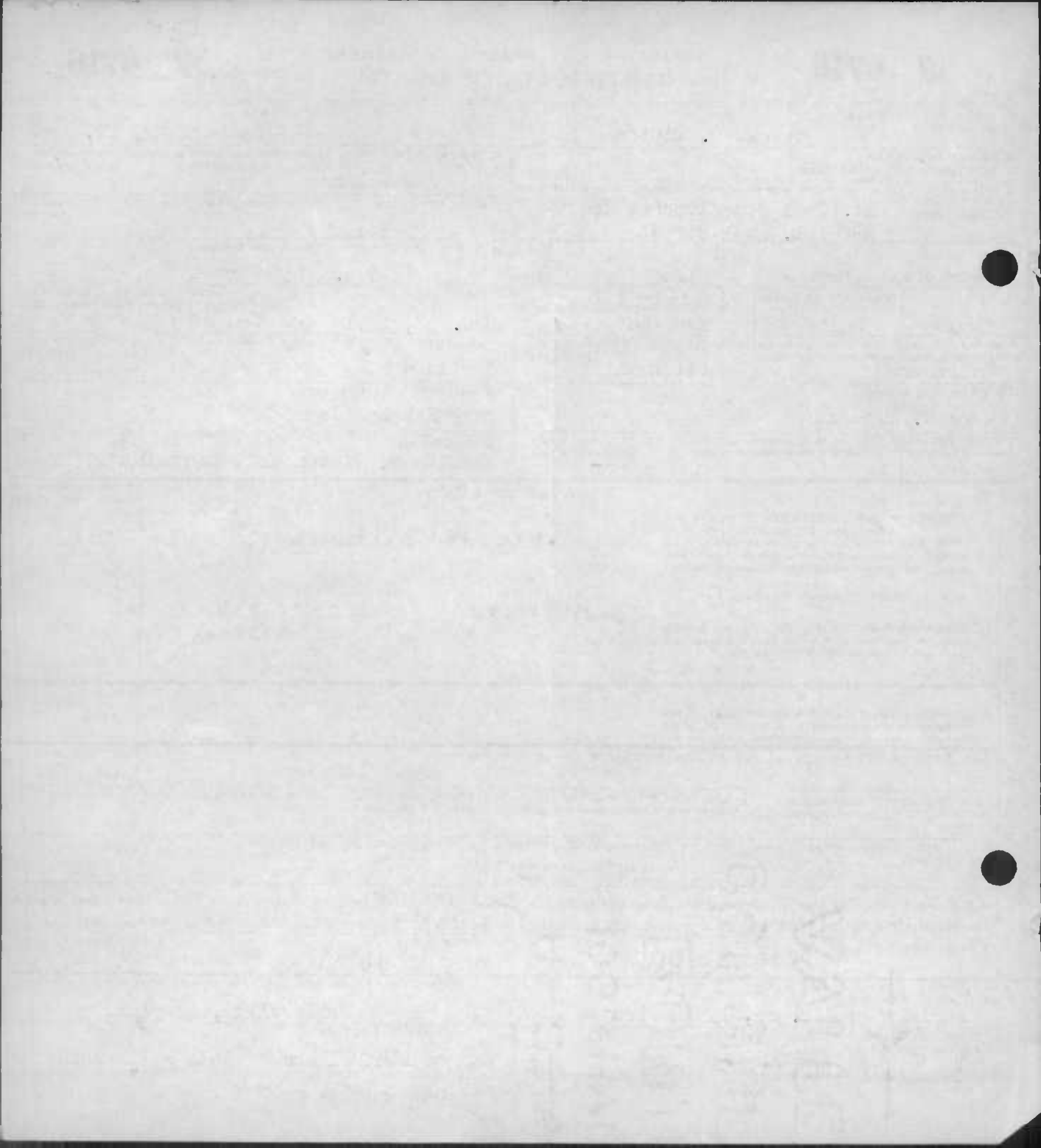
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George E. Tipton			2. DATE OF DEATH January 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Paul Convalescent Home 60 2305 St. Paul Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06		
Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1109 W. 37th Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1871		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Overseer		10B. KIND OF BUSINESS OR INDUSTRY Cotton Mill	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John W. Tipton			14. MOTHER'S MAIDEN NAME Mary Rebecca Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS William E. Tipton 5100 Gwynn Oak Avenue		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral softening (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardio-vascular ? (B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 19, 1951 to Jan 22, 1952 that I last saw the deceased alive on Jan 22, 1952 and that death occurred at 12:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE W. H. McFaul		23B. ADDRESS 840 W 36th St		23C. DATE SIGNED 1/23/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 25, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Burger Funeral Home 3631 Falls Road Horace F. Burger



616
52 0717BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0717

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL SEBASTIAN GERBER

2. DATE
OF
DEATH

January 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4215 Ridgewood Avenue

C. Length of stay in Baltimore

22

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

4215 Ridgewood Avenue-15-

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 23, 1929

9. AGE (In years - last birthday)

66

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Traffic Manager

10B. KIND OF BUSINESS OR INDUSTRY

Coal

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

August

Gerber

14. MOTHER'S MAIDEN NAME

Elizabeth

Weckesser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

168-033-948

17. INFORMANT

Morton Gerber 4215 Ridgewood Ave-15-

ADDRESS

18. 443 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

4 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease

10 years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1948, to January, 1952, that I last saw the deceased alive on January 21, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Mellor T. Trabant Jr.

23B. ADDRESS

3400 Woodbine Ave. Balt. 7, Md.

23C. DATE SIGNED

1/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan 26/1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

4204 Ridgewood Ave

ADDRESS

JAN 25 1952

VS 150

93D

MEDICAL CERTIFICATION

101. 1111111111 1111111111 1111111111 1111111111

52 0718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0718

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID TRENT

2. DATE
OF
DEATH

1-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-02

D. STREET ADDRESS (If rural, give location)

2104 W. FAYETTE ST

Length of stay in Baltimore

30yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/26/1896

9. AGE (In years)

55yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Machine Shop

11. BIRTHPLACE (State or foreign country)

Tenn.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Clayborne Trent

14. MOTHER'S MAIDEN NAME

Cora Hunter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

No

16. SOCIAL SECURITY NO.

224-09-1314

17. INFORMANT

ADDRESS

Correnner Trent (W) 2104 W. Fayette St

18. 451 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Dissecting aortic aneurysm with perforation of esophagus.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-24-51

19B. MAJOR FINDINGS OF OPERATION

EQUIVOCAL

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-52, 19, to 1-21, 1952, that I last saw the deceased alive on 1-21, 1952, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

George M. Hume

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

1-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

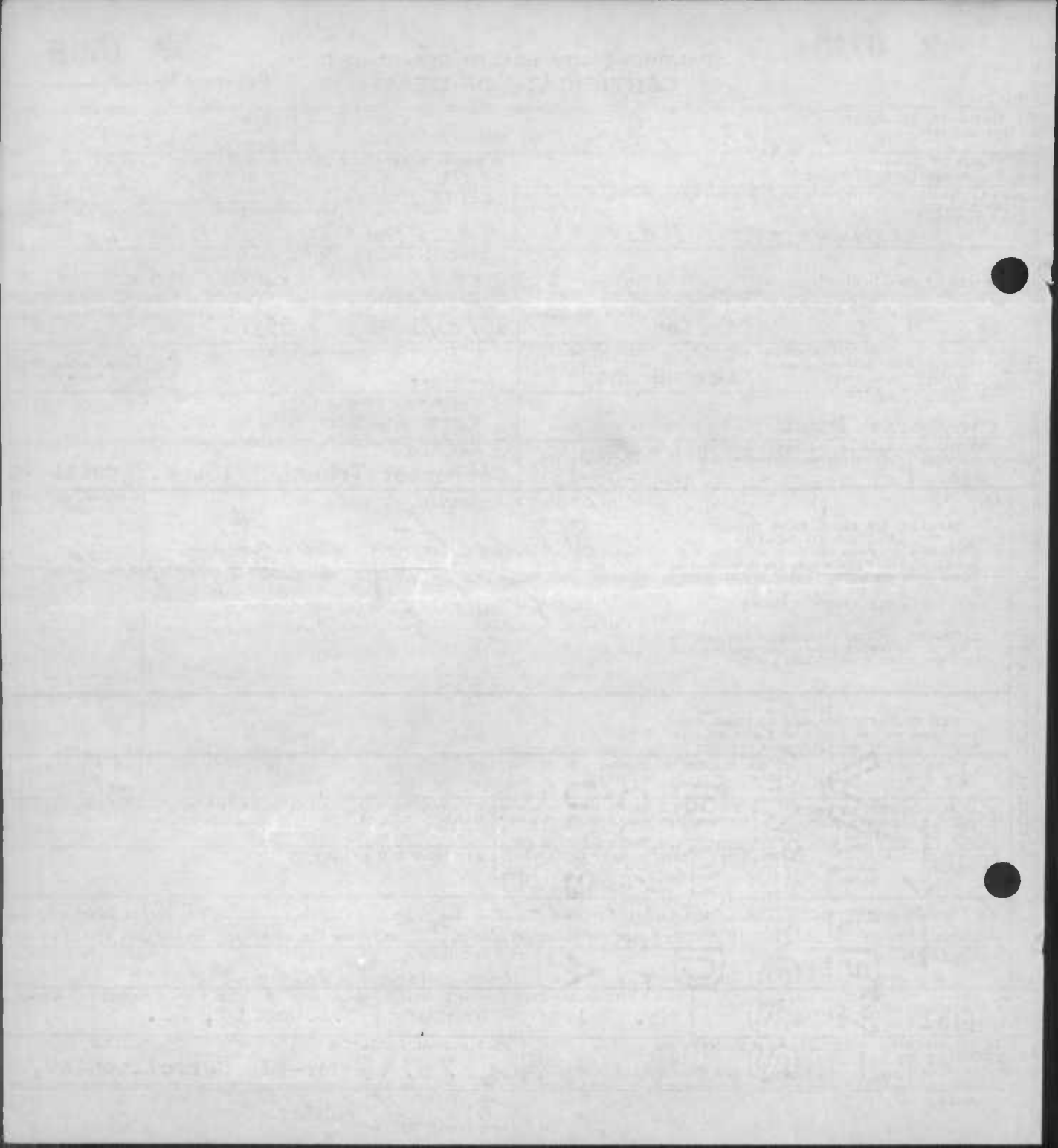
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. G. Cooper-512 Carrollton Av,



363
52 0719BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0719
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

EDWARDS

2. DATE
OF
DEATH

January 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-01D. STREET ADDRESS (If rural, give location)
1615 Edmondson Avenue

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

May 17-1890

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Phoenix, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Edwards

14. MOTHER'S MAIDEN NAME

Mary J. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Mrs. Alverta Nelson-2212 Walbrook Ave

CAUSE OF DEATH

18. 760X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

(B) Diabetes mellitus

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Jan. 22, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Jan 25-1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Cem.

24D. LOCATION (City, town, or county)

Arbutus, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

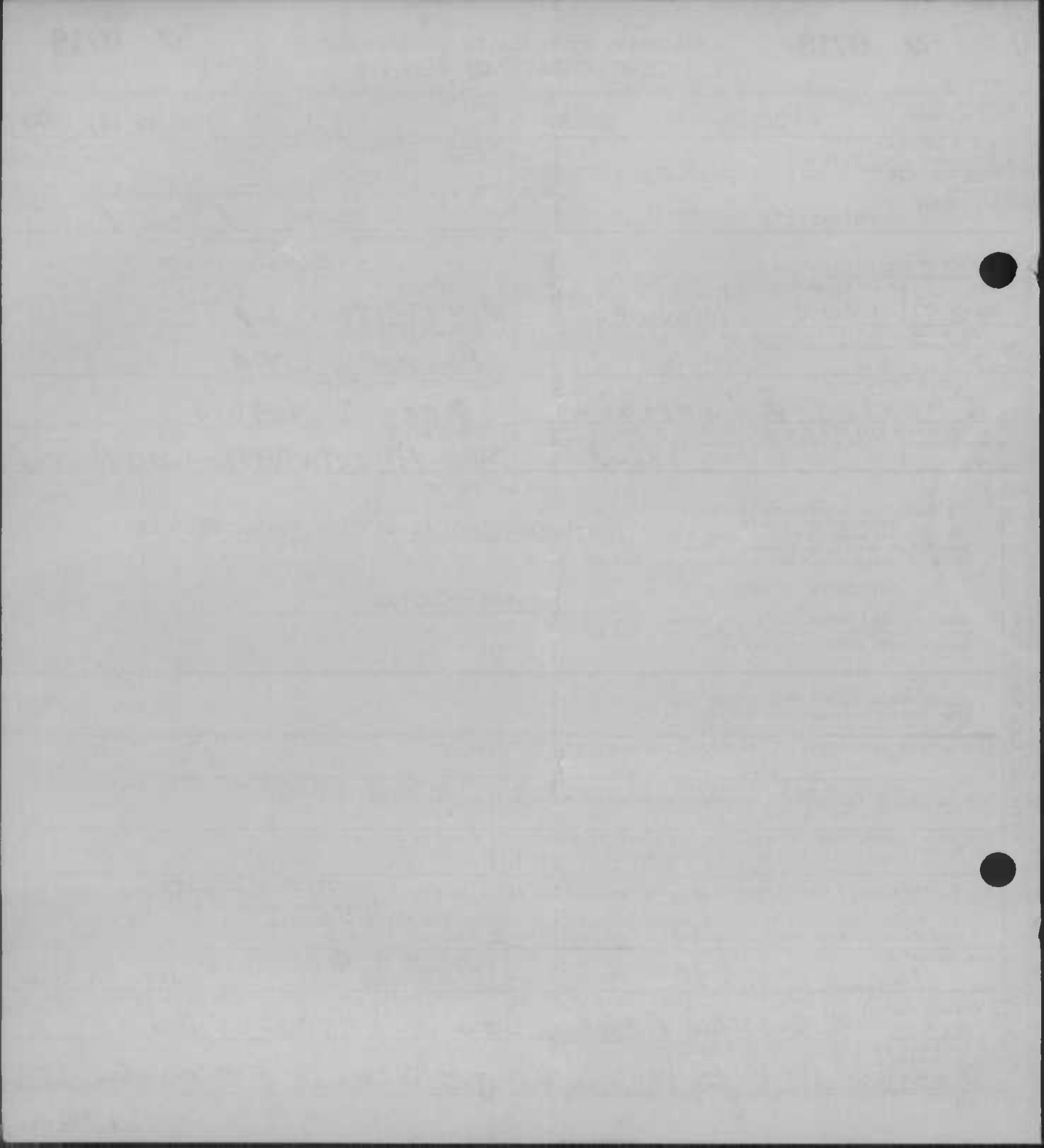
JAN 25 1952

Huntington Williams, M.D. Egge Gilmore 519 Mosher St.

V S 151

10010

61 ✓



530 52 0720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0720
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

D'arcy Smoat

2. DATE
OF
DEATH

1-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural

Cambridge

D. STREET ADDRESS (If rural, give location)

Cambridge Maryland 5913

C. Length of stay in Baltimore

25 Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer (Clinton)

10B. KIND OF BUSINESS OR INDUSTRY

Sheep

13. FATHER'S NAME

Leonard Smoat

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Core L. Smoat (wife) Cambridge, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Monocytic Leukemia

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-3-52

19B. MAJOR FINDINGS OF OPERATION

Biopsy axillary lymph node.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31, 1951 to 1-24, 1952, that I last saw the deceased alive on 1-24, 1952, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

University Hosp.

1-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

Huntington Williams, M.D., Registrar, 2509 Edmondson Ave.

1914

THE BUREAU OF DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

[The following text is extremely faint and largely illegible. It appears to be a series of lines, possibly a list or a form, with some words like "BUREAU", "DEPARTMENT", and "WASHINGTON" visible. The text is organized into columns and rows, suggesting a structured document.]

52 0721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0721
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY L. BLATENY

2. DATE
OF
DEATH

1-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3508 CATON AVE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-07

D. STREET ADDRESS (If rural, give location)

3508 CATON AVE

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE

White

SINGLE

12-18-1872

79

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM A. BLATENY

14. MOTHER'S MAIDEN NAME

FRANCES A. CROSBY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT,

ADDRESS

CATHERINE A. HENCK CATON AVE

18. 422.1 and E 900.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CHIEF OR ASST. MEDICAL EXAMINER

Godwin Hopkins Hosp. 1 Jan 1951

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fractured skull

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒22. I hereby certify that I attended the deceased from Jan 19 50 to Jan 23 1952, that I last saw the
deceased alive on Jan 22 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Louis T. Kavy

M. D.

1844 W. N. M. Ave

Jan 24 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-26-1952

New Calverton

Baltimore

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

Huntington Williams, M.D.

1007 E. Walters

VS 150

N-8032

3512 Dudenick Ave

MEDICAL CERTIFICATION

1500 52

1500 52

1500 52

1500 52



620 To be completed by Medical Examiner

52 0722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0722

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH, SURASKY

2. DATE OF DEATH 1-24-52

3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park Heights

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03

7. STREET ADDRESS (If rural, give location) 1620 Moreland Ave

8. Length of stay in Baltimore 40 Yrs. Mos. Days

9. SEX male 10. COLOR OR RACE white 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

12. DATE OF BIRTH 13. AGE (In years last birthday) 72 If Under 1 Year Months Days If Under 24 Hours Hours Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher 15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) Poland 17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME Hyman 19. MOTHER'S MAIDEN NAME Rachael

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 21. SOCIAL SECURITY NO.

22. INFORMANT Harry Surasky - Jane ADDRESS

23. CAUSE OF DEATH 193 x a m E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

24. INTERVAL BETWEEN ONSET AND DEATH

25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

27. CERTIFICATION APPROVED BY S. H. Oleschak M.D.

28. DATE OF OPERATION 29. MAJOR FINDINGS OF OPERATION

30. AUTOPSY? YES ☐ NO ☒

31. MEDICAL EXAMINER'S SIGNATURE

32. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) accident 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home-1620 moreland 21C. WHERE DID INJURY OCCUR? Baltimore-1620 Moreland

33. 21D. TIME (Month) (Day) (Year) (Hour) INJURY Dec-25-1951 8 a.m. 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK 21F. HOW DID INJURY OCCUR? Fell in his Kitchen - because of convulsive seizure

34. 22. I hereby certify that I attended the deceased from Aug. 9 - 1951, to Jan-24, 1952 that I last saw the deceased alive on Jan-24, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

35. 23A. SIGNATURE Dr. Hermann Seidel M.O. 23B. ADDRESS 2404 E. utaw Pl. 23C. DATE SIGNED 1/25/52

36. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 1-24-52 24C. NAME OF CEMETERY OR CREMATORY Balto. Hebrew 24D. LOCATION (City, town, or county) Balto Md

37. DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952 38. REGISTRAR'S SIGNATURE Huntington Williams, M.D. 39. FUNERAL DIRECTOR 2100 Eutaw Pl

VS 150 N-801.2 646A 54B

April 1964
L. B. Cantrell

452
52 0723BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0723
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. BRYAN WILLIAMS

2. DATE
OF
DEATH

Jan. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR LUTHERAN HOSP. OF MARYLAND location)
INSTITUTION46
C. Length of stay in BaltimoreYrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 28-04 township)

D. STREET ADDRESS (If rural, give location)

4637 Briarcliff Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 13, 1896

9. AGE (in years
last birthday)

55

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Yardmaster

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Williams

14. MOTHER'S MAIDEN NAME

Anna Donaldson ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rd

Mrs. Margaret G. Williams-4637 Briarcliff

18. 416X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Acute Pulmonary Edema

2 hrs.

DUE TO

(B)

Rheumatic Heart Disease

5 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Jan. 22, 1952, that I last saw the
deceased alive on Jan 22, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Homer L. Good

M. O.

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

1/25/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
JAN 25 1952

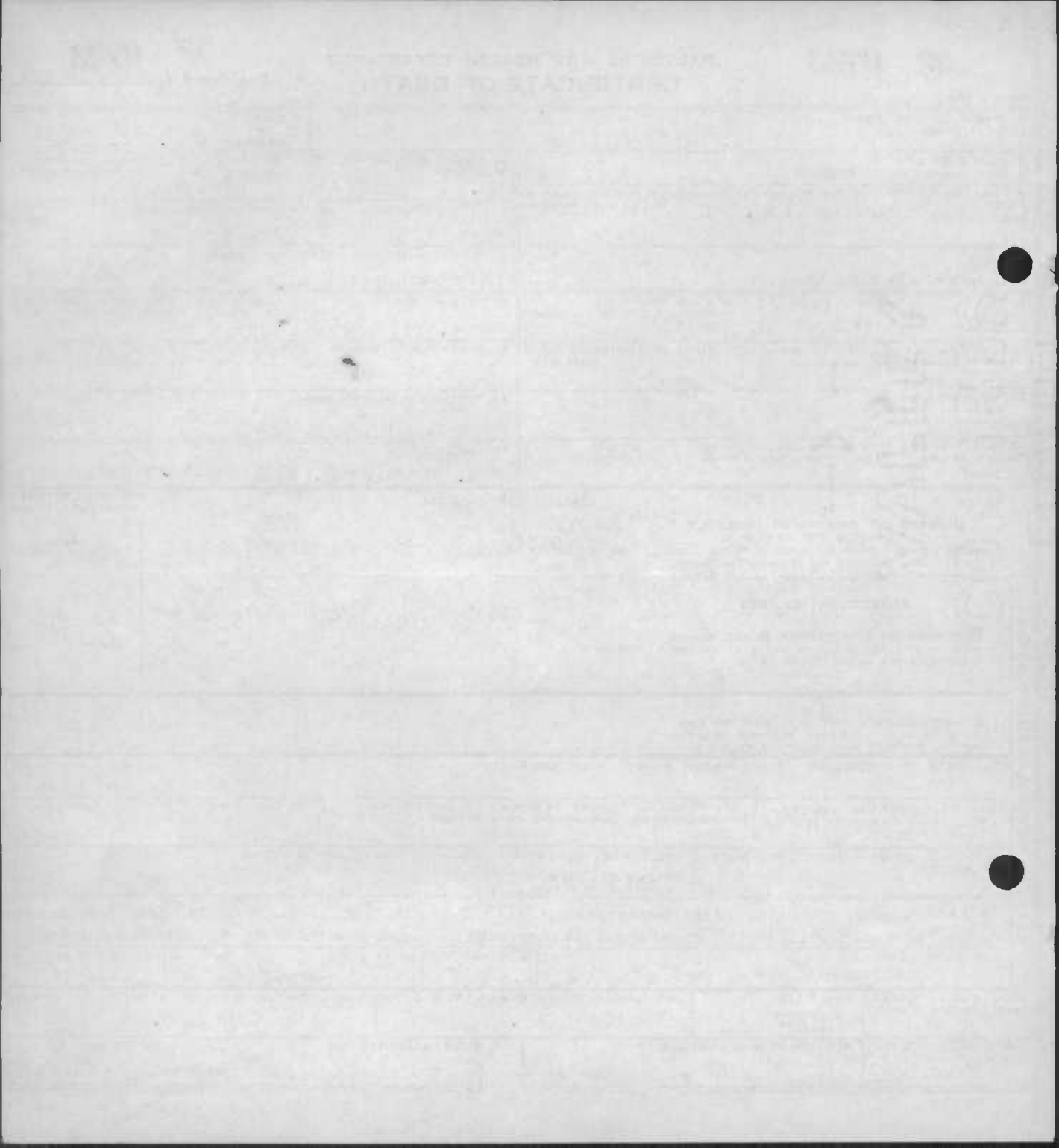
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lickner & Sons - Balt. Md.

ADDRESS



52 0724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0724

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD N. Pascoe

2. DATE
OF
DEATH

23 Jan. 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

46 Lutheran Hospital of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2123 Ridgehill Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 6, 1898

9. AGE (In years
last birthday)

53

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas H. Pascoe

14. MOTHER'S MAIDEN NAME

Maria Laughman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Goldie V. Pascoe - 2123 Ridgehill Ave

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Coronary Occlusion, post-operative

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Broncho pleural fistula - emergency
(C) Carcinoma of lungII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

17 MAY 51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA of lung

Postoperative

Broncho pleural fistula

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from 22 Mar. 1951, to 23 January, 1952, that I last saw the deceased alive on 23 Jan. 1952, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Binder MD.

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

23 Jan 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. E. Lickner & Sons -

ADDRESS

Balto 17, Md 47D

300 52 0725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0725
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GRACE EVERETT WOOD			2. DATE OF DEATH Jan. 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2908 Clifton Park Terrace			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 8-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2908 Clifton Park Terrace		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 21, 1883	9. AGE (In years, last birthday) 68	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Glaspy			14. MOTHER'S MAIDEN NAME Elizabeth Fitch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Grace Wood 2908 Clifton Park Terrace		

18. 420.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Angina Pectoris DUE TO Arteriosclerosis & hypertension the latter under "control" for years		INTERVAL BETWEEN ONSET AND DEATH 3-days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pleurisy - L L. lobe - mild		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 1940 , to Jan-22- , 19 52 , that I last saw the deceased alive on Jan-22- , 19 52 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE Louis J. Gault, M.D.	23B. ADDRESS 1700 - Eutan PI-17	23C. DATE SIGNED Jan, 24-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/26/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR AN 25 1952	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR H. SANDER & SONS, Inc Baltimore 13, Md.	

Quincy Boston

the latter were central for general

Planned - 1st hour - water

July 11th 1900

Received from M.D. 1500 - Boston 11-12 January 00

655
52 0726BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0726
Registered No.

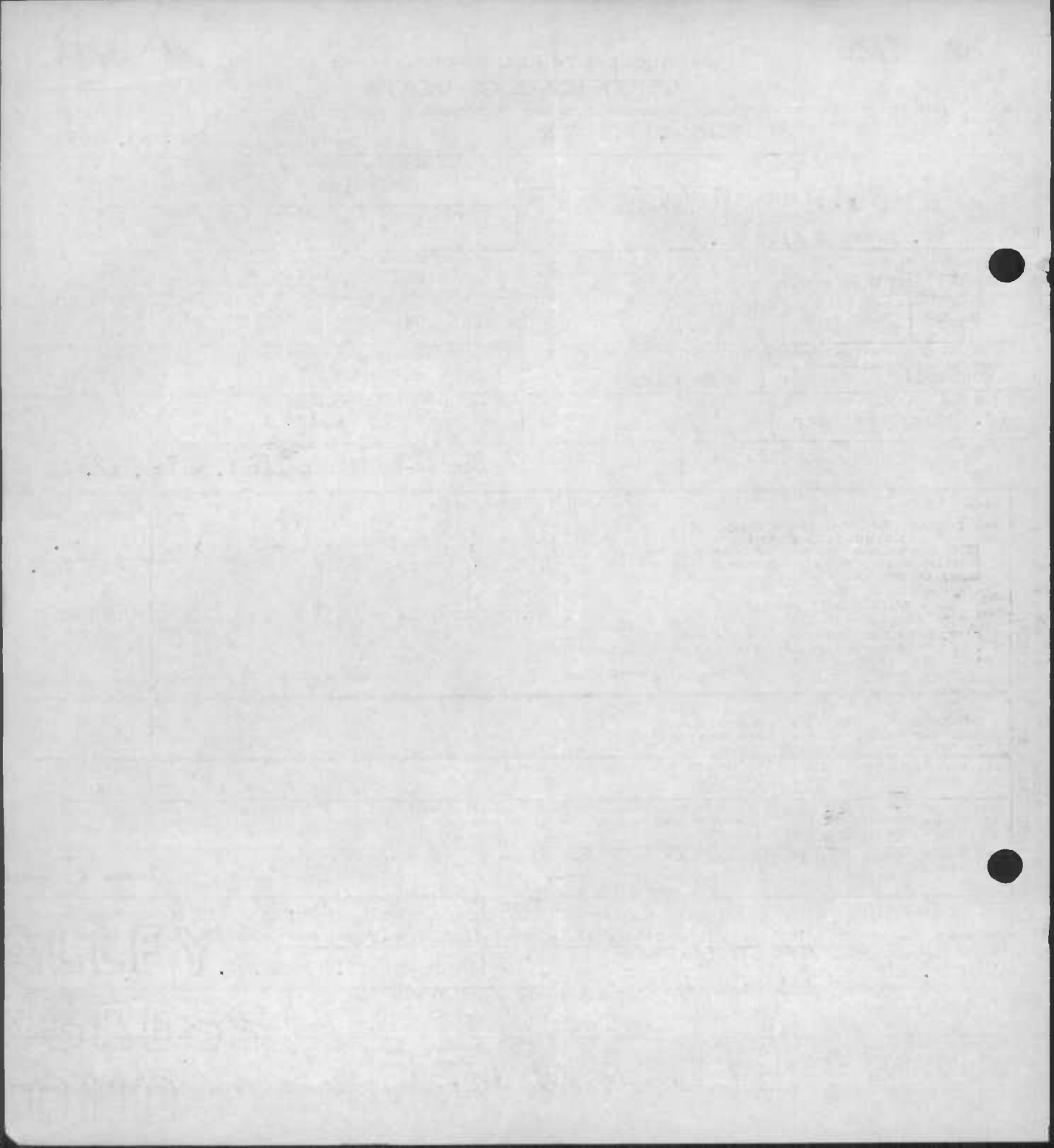
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDNA LOUISE MORNINGSTAR			2. DATE OF DEATH Jan. 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore ? Life			D. STREET ADDRESS (If rural, give location) 2623 Aisquith Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/3/94		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. Henry Trageser			14. MOTHER'S MAIDEN NAME Hannah Louise ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT Records-US PHS Hospital, Balto, Md.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Carcinoma, left breast (excised) with metastases to bone DUE TO (B) Bronchopneumonia DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Approx. 1 1/2 yrs. Unknown
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 27, 1951, to Jan. 24, 1952, that I last saw the deceased alive on Jan. 24, 1952, and that death occurred at 5 A.M., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 1/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1/26/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem. Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952	REGISTRAR'S SIGNATURE Huntington Wilkins	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	ADDRESS BALTO, 13. MD.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 0727

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. RINGOLD

2. DATE
OF
DEATH

January 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M-

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ELECTRICIAN

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

13. FATHER'S NAME

J. J. RINGOLD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. KATHERINE RINGOLD 1711 CHILTON

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-26-52

24C. NAME OF CEMETERY OR CREMATORY

ST. MARY'S GOWAN

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 25 1952

25. FUNERAL DIRECTOR

ADDRESS

575 24

4292 0728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0728
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. VALKE

2. DATE
OF
DEATH

January 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

separated

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Jm Francis McGrane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-18-5685

17. INFORMANT

ADDRESS

Mrs Ruth Feige 3108 Rosalie

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Rheumatic heart disease

~~JOEYX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Passive congestion & fatty meta-
morphosis of the liver~~JOEYX~~II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative intestinal obstruction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-26-52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. G. Tucker

ADDRESS

5305 Harford Rd

8579 92

THE UNIVERSITY OF CHICAGO

3750 14

THE UNIVERSITY OF CHICAGO

SAWY



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0729**

BIRTH NO. **01-10936**

1. NAME OF DECEASED (Type or Print) JUNE M DAY		2. DATE OF DEATH January 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1211 N. Calvert Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) 1211 N. Calvert St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/15/1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 8 Months _____ Days _____ Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Barton Day		14. MOTHER'S MAIDEN NAME Anita Walter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Barton Day, 1211 N. Calvert St.		ADDRESS	

18. 3910 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Otitis Media, Acute DUE TO _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ DUE TO _____		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>	23C. DATE SIGNED Jan. 25, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-24-52	24C. NAME OF CEMETERY OR CREMATORY Prospect Hill	24D. LOCATION (City, town, or county) (State) Lawson, Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR John E. Bell Inc	ADDRESS 1217 S Paul St

89a



262 0730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0730
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Boeshove

2. DATE
OF
DEATH

1.23.52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

(If not in hospital or institution, give street address or location)

Doctors Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1034 Hewitt way #5

Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married.

8. DATE OF BIRTH

Aug. 11, 1908

9. AGE (In years

last birthday)

43

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Leader - Maintenance Dept - Glenn P. Mat.

11. BIRTHPLACE (State or foreign country)

Robesonia - Pennsylvania

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Arthur Boeshove

14. MOTHER'S MAIDEN NAME

Stella Hinsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Kathryn Harrison

ADDRESS

1629 Eastern Ave
Baltimore 21

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute myocardial Infarction 1 wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary sclerosis

DUE TO

Coronary insufficiency

(C)

Virus X

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 18, 1952, to Jan 23, 1952, that I last saw the deceased alive on Jan 23, 1952 and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Evelyn A. Anderson

M. D.

300 Shannon Drive (13)

Jan 24 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Bumoral

1/26/52

-

Robesonia, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

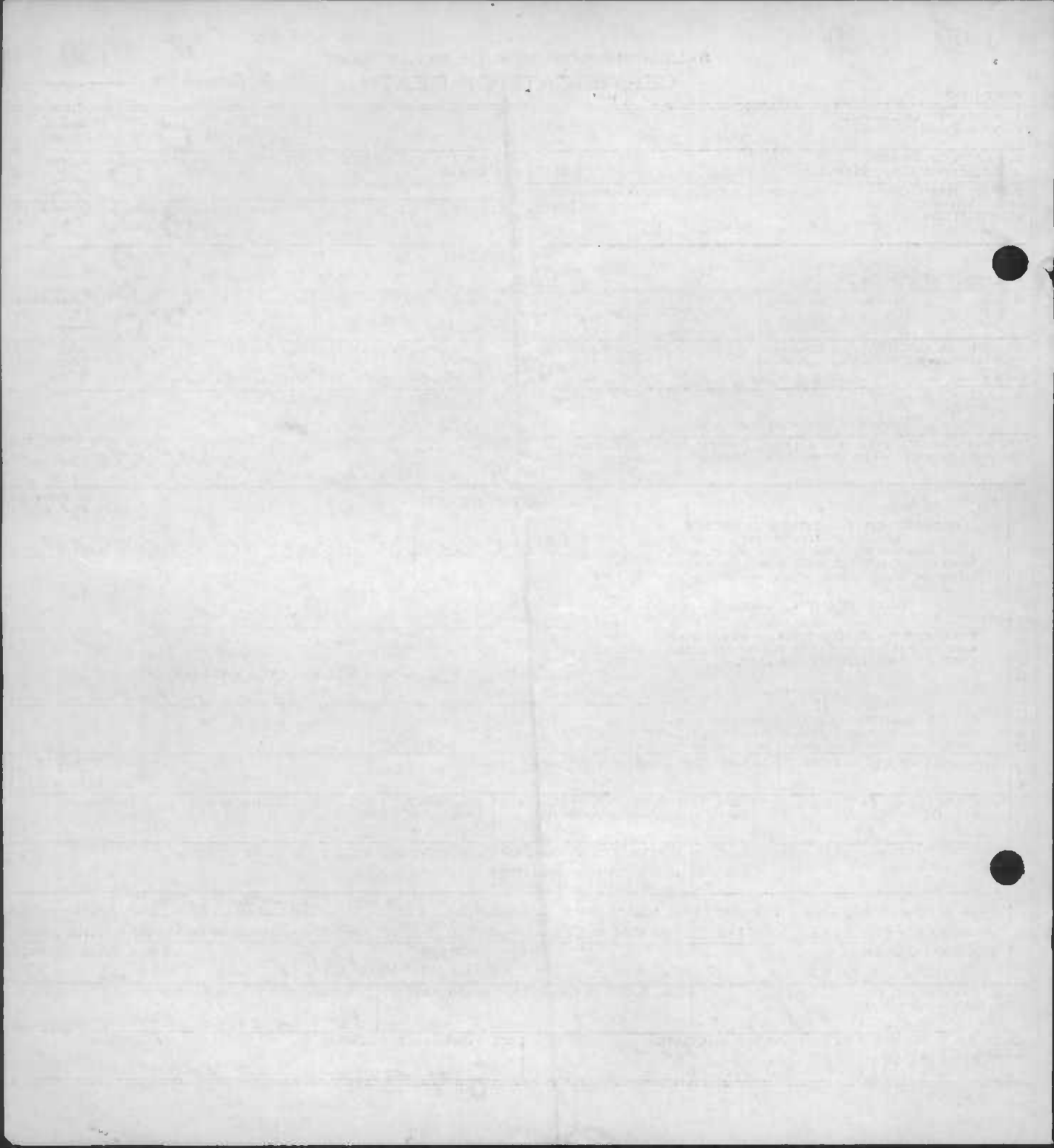
25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

Huntington Williams

25 m. Cook Inc., 127 E. Paul St.



152
52 0731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0731
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Stewart Robinson			2. DATE OF DEATH January 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 300 E. University Parkway			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 300 E. University Parkway		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1882	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Supplies - Merchant		10B. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Anne Arundel County, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cyrus W. Robinson			14. MOTHER'S MAIDEN NAME Ida Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Mary R. Robinson, 300 E. University Pkwy		
		ADDRESS			

18. 203 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Multiple Myeloma - DUE TO (B) General Metastasis - DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 5 years 1 year
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-1-1947, to 1-24-1952, that I last saw the deceased alive on 1-24-1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE Edward J. Warner	23B. ADDRESS 2604 Garrison Blvd	23C. DATE SIGNED 1-24-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial	24B. DATE 1/26/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland		(State)

DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook & Co., 1217 St. Paul Street
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1970

2

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY



OFFICE OF THE ADJUTANT GENERAL
HEADQUARTERS
FORT MONROE, VIRGINIA
ATTENTION: ADJUTANT GENERAL
OFFICE OF THE ADJUTANT GENERAL
HEADQUARTERS
FORT MONROE, VIRGINIA
ATTENTION: ADJUTANT GENERAL

THE ADJUTANT GENERAL'S OFFICE

63 52 0732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0732
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Egerton

2. DATE
OF
DEATH

January 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1802 N. Port Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1802 N. Port Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 26, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lumber Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Egerton

14. MOTHER'S MAIDEN NAME

Mary Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
217-09-9370

17. INFORMANT

ADDRESS

Mrs. Florence E. Kummer, 837 E. Belvedere

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary atherosclerosis

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Atherosclerosis, generalized

4 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial infarction

4 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

20. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 AM, 1946, to 21 Jan, 1952, that I last saw the
deceased alive on 21 Jan, 1952, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1513 N. M. H. Ave.

21 Jan 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

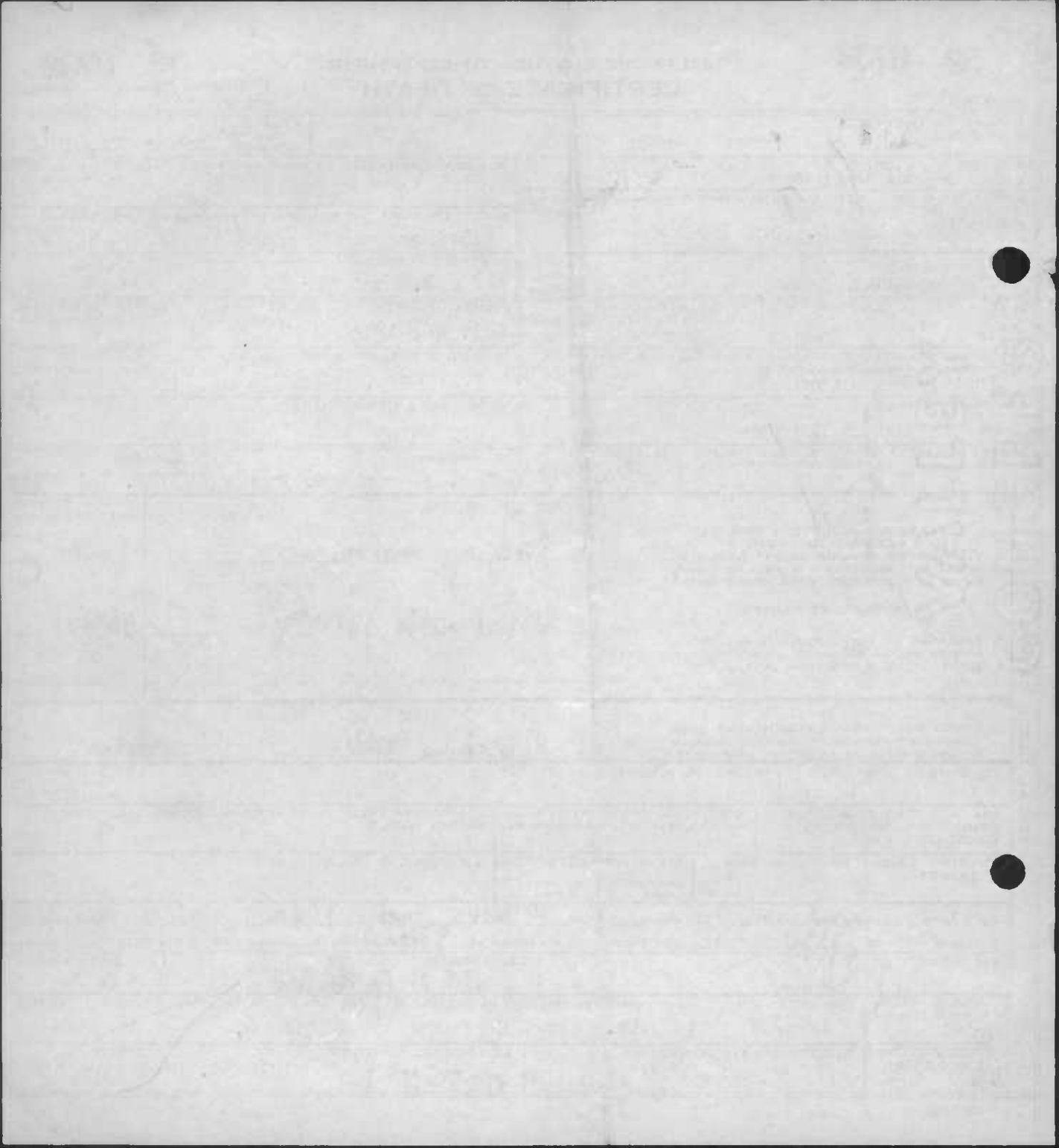
ADDRESS

JAN 25 1952

Huntington Williams, M.D.

H. M. 7 Corp. Inc.

1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0733**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Motie Tomaszewski** 2. DATE OF DEATH **Jan. 24, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
2723 Kildaire Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore
D. STREET ADDRESS (If rural, give location)
2723 Kildaire Drive

5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 8. DATE OF BIRTH **October 7, 1884** 9. AGE (In years last birthday) **67** 10. UNDER 1 YEAR Months: Days 11. UNDER 24 HOURS Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Poland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **?** 14. MOTHER'S MAIDEN NAME **?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT **Stanley J. Tomaszewski, 3426 Gardenas Ave** ADDRESS

18. **260X** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Arteriosclerotic Cardio-Vascular Disease**
DUE TO

ANTECEDENT CAUSES
(B) **Diabetes Mellitus**
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

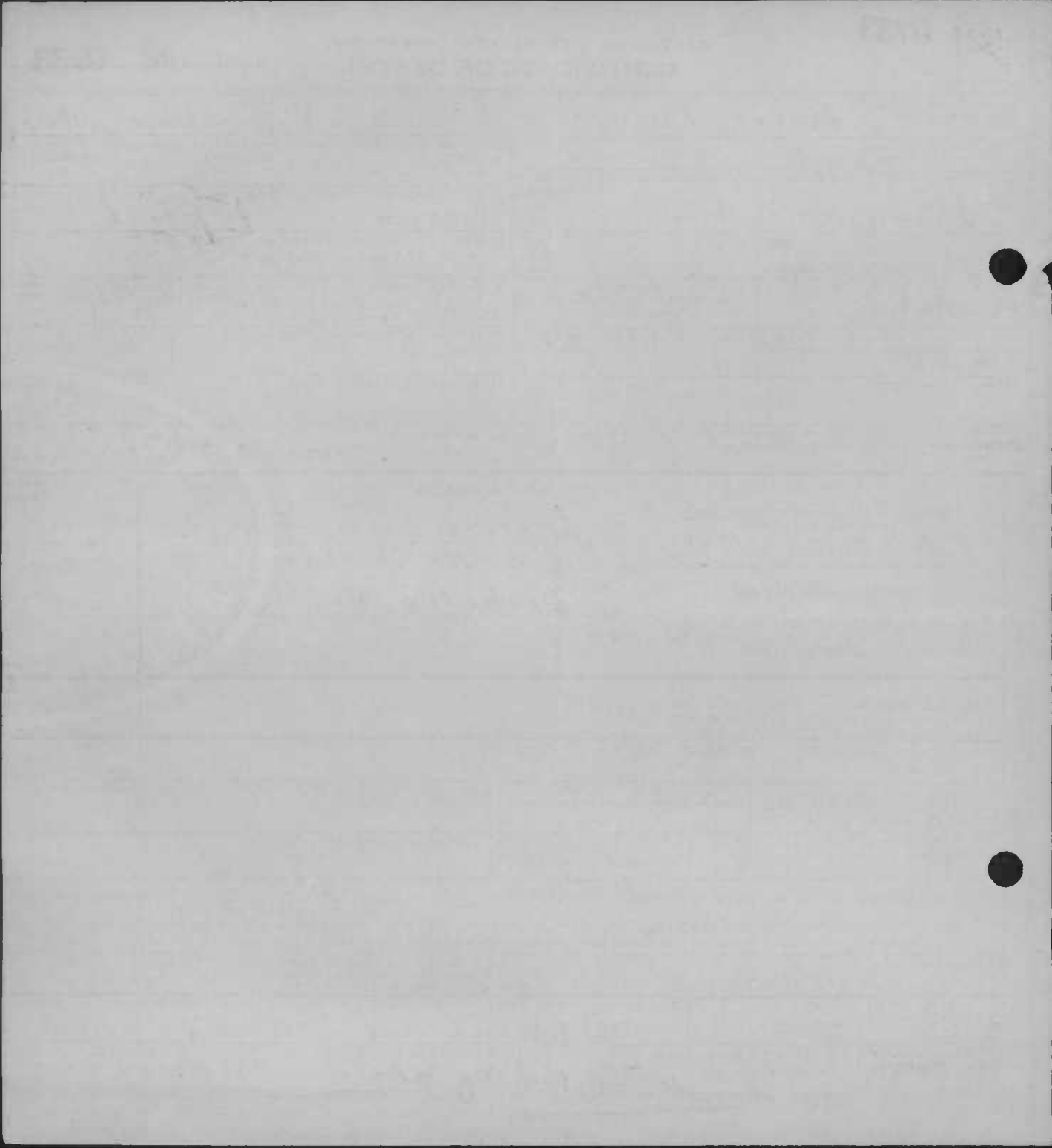
23A. SIGNATURE **Wm. H. Rammer, Jr.** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED **Jan. 24, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial 24B. DATE **1/28/52** 24C. NAME OF CEMETERY OR CREMATORY **Holy Redeemer Cemetery** 24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR **JAN 25 1952** REGISTRAR'S SIGNATURE **Thurston Holliman, M.D.** 25. FUNERAL DIRECTOR **Wm. C. ...** ADDRESS **1217 St. Paul Street**

V S 151

61



652 0734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0734
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL HORAN

2. DATE
OF
DEATH

JAN 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-6

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

12 VENTURI CT.

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

Yrs.
Mos.
Days

8. DATE OF BIRTH

30/1905

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY

Army Chemical Center

13. FATHER'S NAME

(Unknown) Horan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. W. #2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

Anteriosclerotic coronary artery disease

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 years

Remote myocardial infarction

2 1/2 years

Terminal myocardial infarction or pulmonary infarct

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Case referred to Coroner who released same.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24-1952 to 1-24-1952, that I last saw the deceased alive on 1-24-1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Van Metre Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/28/52

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 25 1952

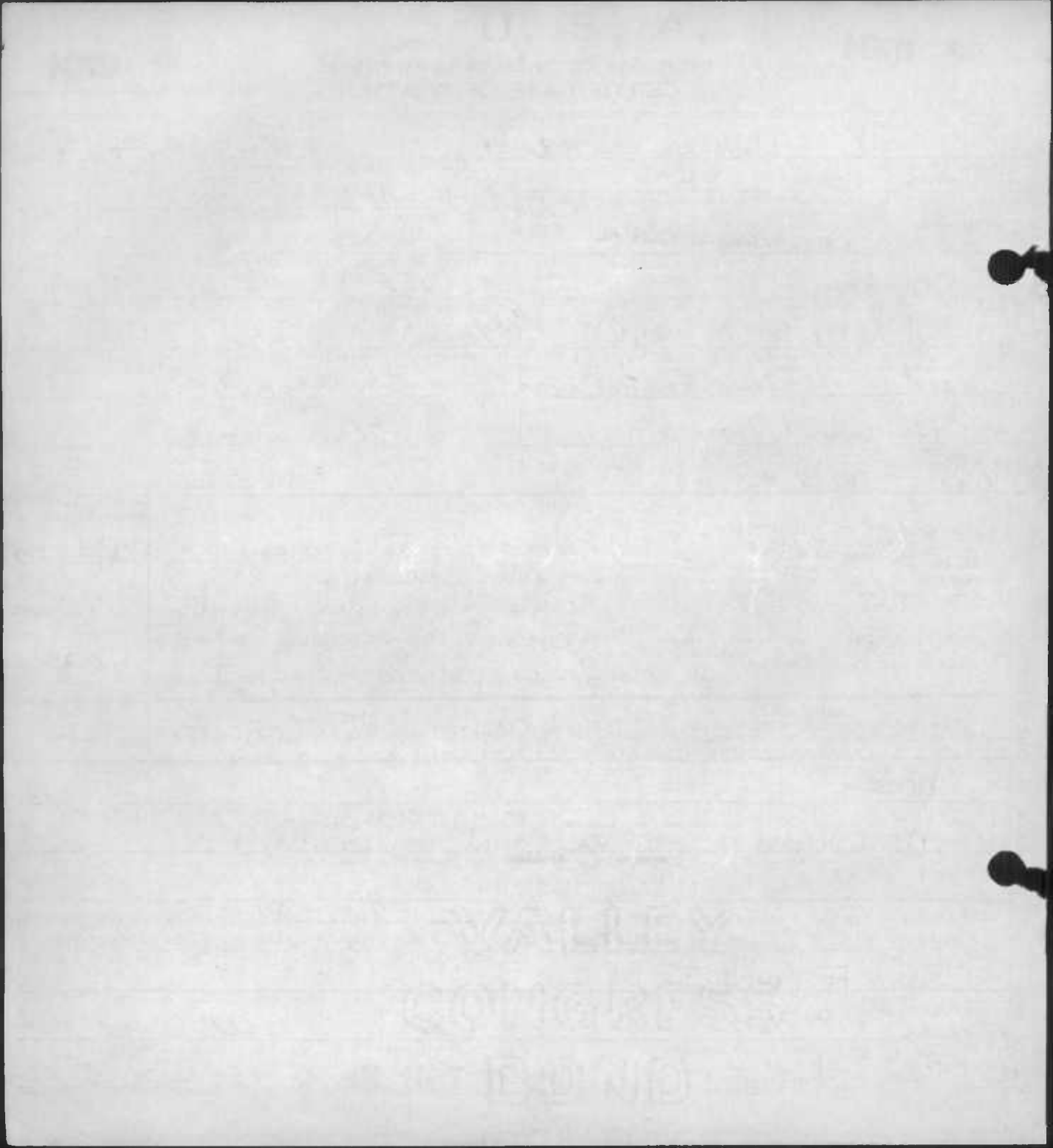
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1217 St. Paul St.

ADDRESS



5632

0735

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

52

0735

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM Semmers

(SIMMERS) A.L.

2. DATE
OF
DEATH

Jan. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

401 S. East Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

9. AGE (in years
last birthday)

83

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Supt. Continental Bldg.

11. BIRTHPLACE (State or foreign country)

Not Known

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Semmers

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Edith E. Holland

ADDRESS

333 H. Charles St.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsacker, M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

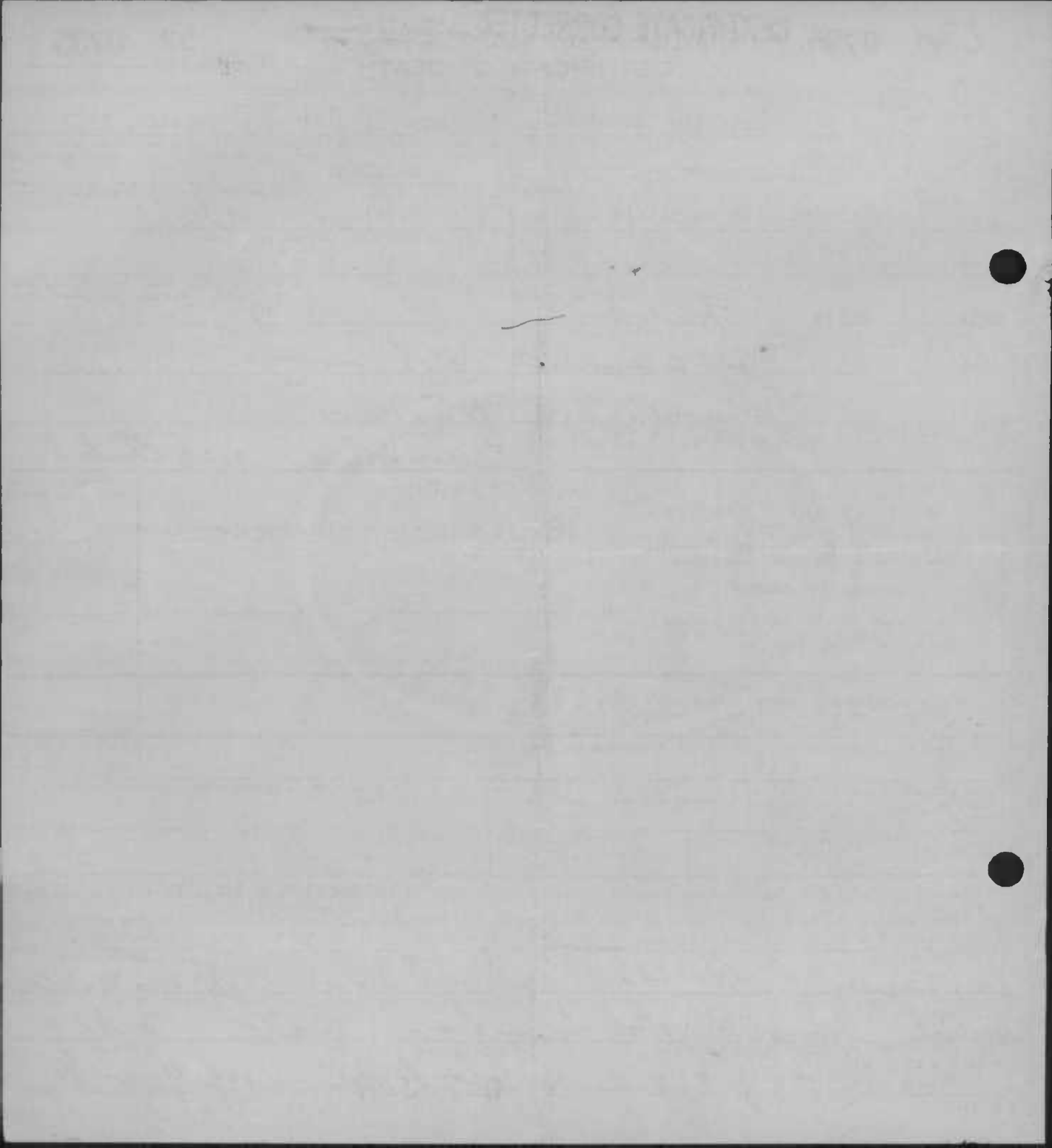
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



143 0736

52 0736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Frank Schoeffield

2. DATE
OF
DEATH

1/25/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto-Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland

B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

515 N. Luzerne Ave. 7-02

D. STREET ADDRESS (If rural, give location)

Baltimore- Maryland

Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/12/1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY
Shipping Clerk

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

William Schoeffield

14. MOTHER'S MAIDEN NAME

Ellen Dockel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 231X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Mediastinal tumor

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1952 to 1-25, 1952 that I last saw the
deceased alive on 1-24, 1952, and that death occurred at 12:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2025 W. Fayette

1-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

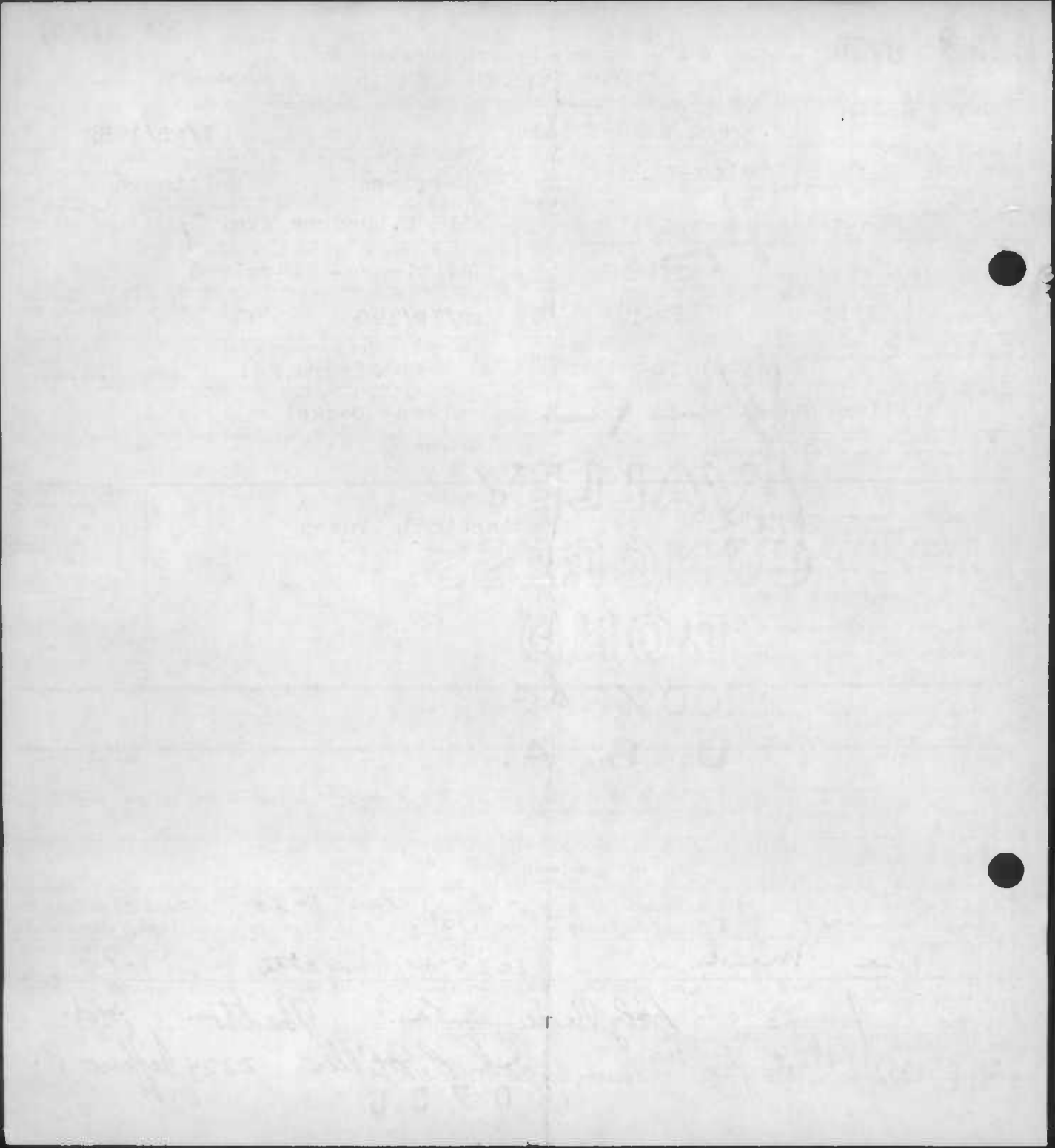
ADDRESS

JAN 25 1952

VS 150

0736

57E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0737

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cleo Clifford Miller

2. DATE
OF
DEATH

Jan. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Ave.

C. Length of stay in Baltimore

11 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 29, 1896

9. AGE (In years last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ship Yard Worker (Type)

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Miller

14. MOTHER'S MAIDEN NAME

Lorendia Booth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

4 yrs. x

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. F. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Surgical Shock

2 hrs.

19A. DATE OF OPERATION

1-9-52

19B. MAJOR FINDINGS OF OPERATION

Pneumonectomy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

B. C. Hospital

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

4940 Eastern Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1-9-52

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

During an Anesthetic

22. I hereby certify that I attended the deceased from 4-16, 1948, to Jan. 9, 1952 that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 2:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

R. F. Fisher

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

1-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/25/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. M. Corky, Inc.

ADDRESS

1217 St. Paul St.

VS 150

To be approved by Medical Examiner

69034

13B

MEDICAL CERTIFICATION

1000 5

THE UNIVERSITY OF THE SOUTH ALABAMA

LIBRARY OF THE UNIVERSITY OF THE SOUTH ALABAMA

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325 52 0738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0738
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY HITCHENS

2. DATE
OF
DEATH

JAN 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

1-03

C. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

639 S. LAKEWOOD AVE.

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2-2-91

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Patrouski (Samuel)
JOHNS HOPKINS HOSPITAL

18.

561.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

strangulated hernia & peritonitis
and generalized peritonitis

? 12 hours

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-23-52

19B. MAJOR FINDINGS OF OPERATION

Hernioma + perforated jejunum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
C. USE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23-1952, to 1-24-1952, that I last saw the
deceased alive on 1-24-1952, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Kenneth M. Cole Jr. M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-28-52

St. Stanislaus

Dundalk Ave. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

Huntington Wilkins, Jr.

John J. Billa A.C.-2829 Hudson

Atropine 0.5 mg. T. P. 1000
and 0.5 mg. P. 1000

X 1-22-22 1000 mg. + 1000 mg. P. 1000

1-22-22 1000 mg. P. 1000

635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0739

BIRTH NO. 521540739

1. NAME OF DECEASED (Type or Print) Mary Virginia Hardney		2. DATE OF DEATH Jan. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 914 Leadinhall St.		E. LENGTH OF STAY IN BALTIMORE 50 Yrs.	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 16, 1891
9. AGE (In years last birthday) 60		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Westley Hardney (D)		14. MOTHER'S MAIDEN NAME Janie ? (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		12. CITIZEN OF WHAT COUNTRY?	

18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO (A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 3 Wks.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia DUE TO (A) (B) (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-14 , 19 51 to 1-22 , 1952, that I last saw the deceased alive on 1-22 , 1952, and that death occurred at 11:15pm from the causes and on the date stated above.				
23A. SIGNATURE H. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 1-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/24/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cent	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Isaac & Brown Son ADDRESS 108 W. Montgomery St	

NEW

SP

1931



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0740

Registered No. _____

BIRTH NO. **420 0740**

1. NAME OF DECEASED (Type or Print) ALBERT COLES		2. DATE OF DEATH January 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 543 W. Lafayette Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-2-1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORK	9. AGE (In years last birthday) 55 If Under 1 Year: Month: _____ Days: 10 Hours: 16 Min. _____
13. FATHER'S NAME UNKNOWN		11. BIRTHPLACE (State or foreign country) CULPEPPER VA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. 218-03-8146		14. MOTHER'S MAIDEN NAME UNKNOWN	
17. INFORMANT ADDRESS SALLIE CLARK 543 W. LAFAYETTE AVE			

18. **443X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive cardiovascular disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

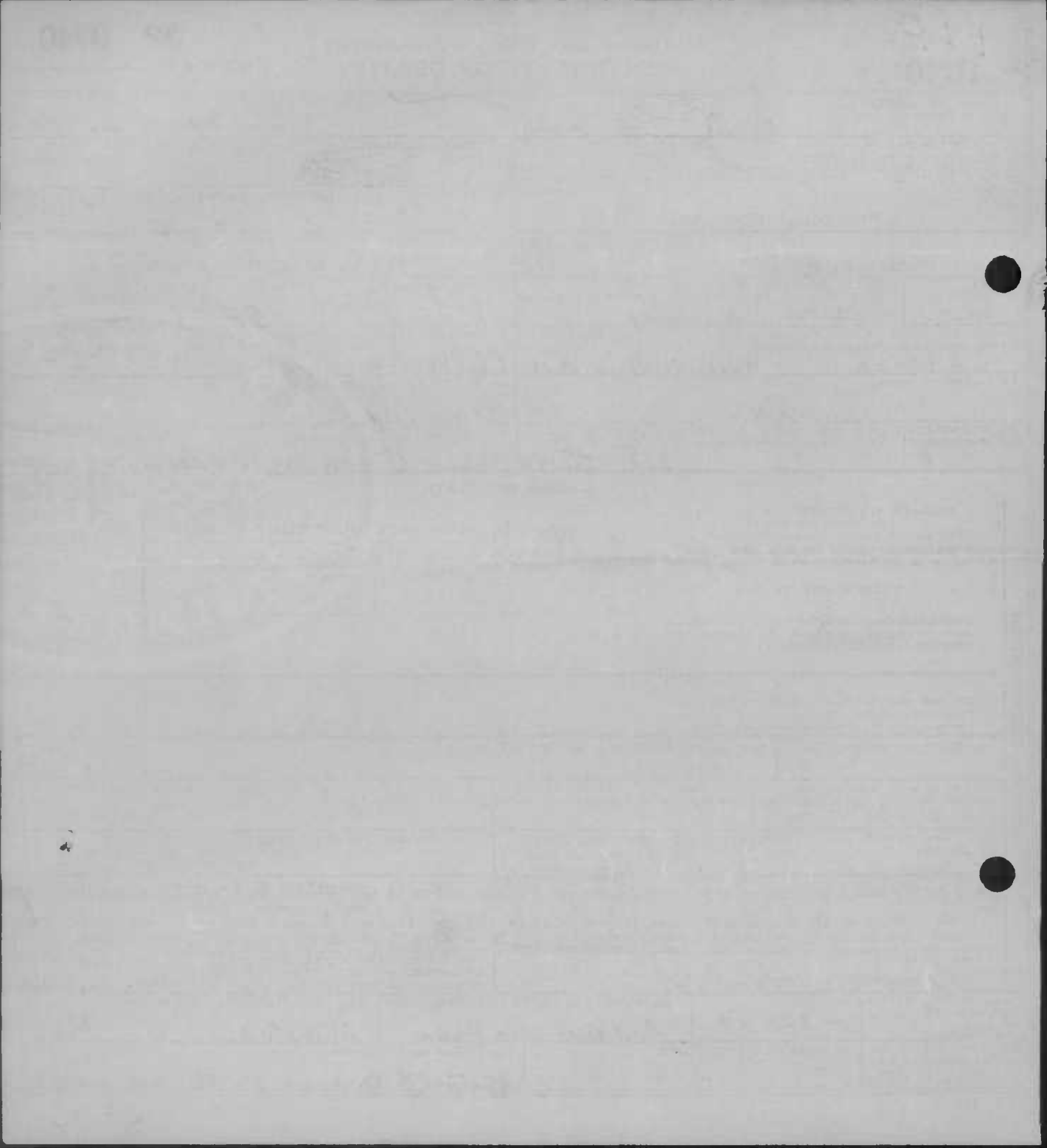
23A. SIGNATURE <i>William A. Jackson</i>		23B. CHIEF MEDICAL EXAMINER _____ ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED Jan. 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1-25-52		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM PARK	
24D. LOCATION (City, town, or county) (State) MD.		24E. FUNERAL DIRECTOR WILLIAM A. JACKSON 916 PENNA. AVE.		24F. ADDRESS 916 PENNA. AVE.	

DATE RECEIVED BY LOCAL REGISTRAR **JAN 25 1952**
REGISTRAR'S SIGNATURE *Huntington Williams*
VS 151

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937 ✓

MEDICAL CERTIFICATION



500
52 0741
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0741

1. NAME OF DECEASED (Type or Print) <i>Hena Cohen</i>			2. DATE OF DEATH <i>1-25-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>SINAI HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE MD 11-02</i>		
Length of stay in Baltimore <i>65</i> Yrs. <i>Mon- Days</i>			D. STREET ADDRESS (If rural, give location) <i>1403 No Charles St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>85</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Jacob</i>		14. MOTHER'S MAIDEN NAME <i>Miriam</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Charles Cohen - Same</i>	

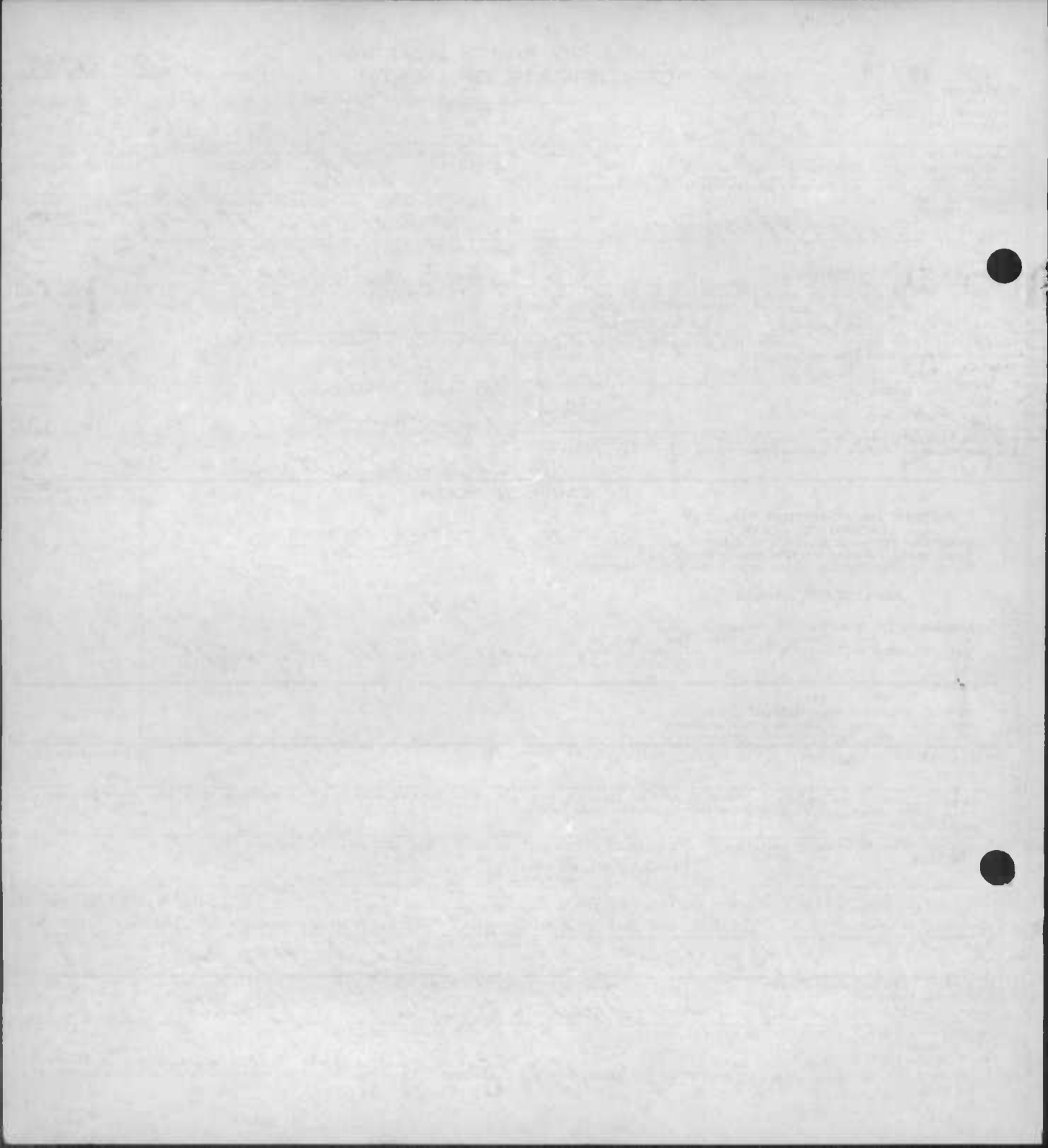
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Hypertension</i> DUE TO (B) <i>C. V. A.</i> DUE TO (C) <i>(Cerebro vascular accident).</i>	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-10-52*, 19*52*, to *1-25*, 19*52*, that I last saw the deceased alive on *1-25*, 19*52*, and that death occurred at *10:30 AM* from the causes and on the date stated above.

23A. SIGNATURE <i>Frederick</i>	23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>1-25-52</i>
------------------------------------	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-25-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>B'nai Israel</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>2100 Eutan Rd</i>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0742
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL SMALL		2. DATE OF DEATH January 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1002 S. Eutaw Street		E. LENGTH OF STAY IN BALTIMORE 40 Yrs.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept-19-1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birthday) 63
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		11. BIRTHPLACE (State or foreign country) North Carolina	
16. SOCIAL SECURITY NO.		17. INFORMANT Maggie Young 270 N. Exeter St	

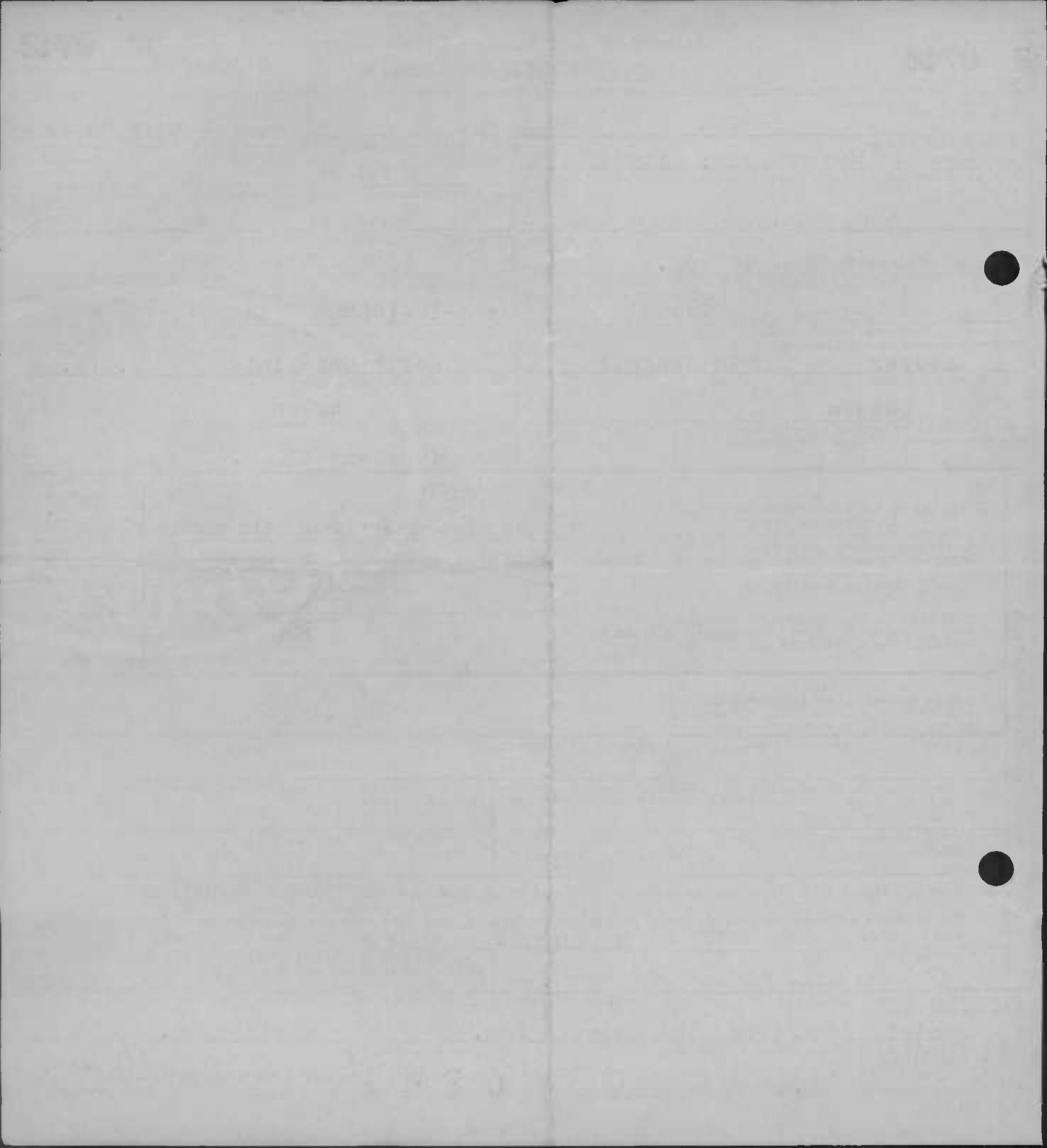
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William J. Smith* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **Jan. 19, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **1/25/1952** 24C. NAME OF CEMETERY OR CREMATORY **Mt Calvary Cem.** 24D. LOCATION (City, town, or county) (State) **Brooklyn Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 25 1952** REGISTRAR'S SIGNATURE *Huntington* FUNERAL DIRECTOR *Elmer A. Wilson* ADDRESS *1000 Bantley Ave*



250
52 0743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0743

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Hannie Jackson</i>		2. DATE OF DEATH <i>Jan. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, with RURAL and give township)			
C. Length of stay in Baltimore <i>5 Yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>915 E. Fayette St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>2-25-7873</i>	9. AGE (In years last birthday)	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Cumberland Co. Va.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Jane Allen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>560X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetic acidosis</i> CAUSE OF DEATH (A) <i>Renal failure</i> DUE TO (B) <i>Renal failure</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *1/22*, 19*52* to *1/23*, 19*52*, that I last saw the deceased alive on *1/23*, 19*52*, and that death occurred at *11:52* A. M., from the causes and on the date stated above.

23A. SIGNATURE <i>E. J. Wing Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>1-23-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/27/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Sharon Cemetery</i>
24D. LOCATION (City, town, or county) <i>Sharon Virginia</i>	24E. FUNERAL DIRECTOR <i>Elroya Wilson</i>	
24F. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 25 1952</i>		
24G. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		
24H. ADDRESS <i>1000 Brantly Ave</i>		

VS 150

MEDICAL CERTIFICATION

1950

CLIFF

ROCKS

WIND

WIND

WIND

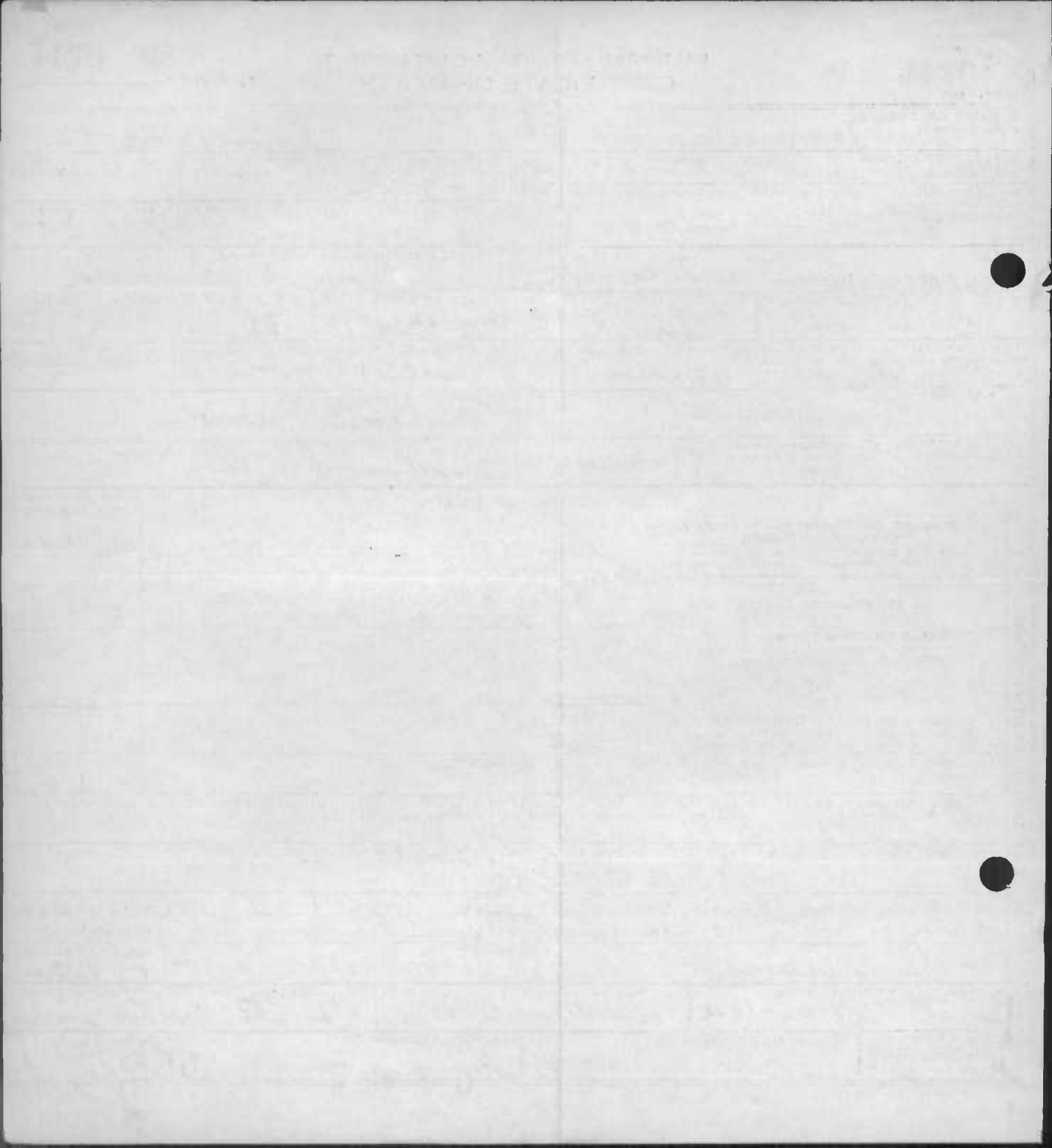
530
52 0744BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0744
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Schmidt</i>		2. DATE OF DEATH <i>1-24-52</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Baltimore Md</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hosp</i> (If not in hospital or institution, give street address or location)		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. LENGTH OF STAY IN BALTIMORE <i>Life</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-57</i>	
6. SEX <i>m</i>		8. DATE OF BIRTH <i>Aug. 12-1890</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		9. AGE (In years last birthday) <i>61</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Batter</i>		11. BIRTHPLACE (State or foreign country) <i>Balto., Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Brewery</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Schmidt</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Merkel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Madeleine Schmidt</i>		ADDRESS	

MEDICAL CERTIFICATION

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Coronary Thrombosis</i> ANTECEDENT CAUSES DUE TO <i>Arterio-sclerotic Cardiovascular Disease</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Coronary Thrombosis</i> <i>Arterio-sclerotic Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-11-1950</i> , to <i>1-24-1952</i> , that I last saw the deceased alive on <i>1-23-1952</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Dandol</i>		23B. ADDRESS <i>3218 Eastern Ave</i>		23C. DATE SIGNED <i>1-24-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-26-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto., Co., Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 25 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. FUNERAL DIRECTOR <i>John G. Connolly</i>		24I. ADDRESS <i>Essex Md.</i>	



-460
52 0745
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0745
Registered No.

1. NAME OF DECEASED (Type or Print) John MILLER		2. DATE OF DEATH JAN 21 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland HAL-2S		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY 8-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 45 yrs.		D. STREET ADDRESS (If rural, give location) 2038 E. HOFFMAN ST.	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-28-79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
13. FATHER'S NAME Bertie Miller		11. BIRTHPLACE (State or foreign country) va	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Martha	
17. INFORMANT Nannie Miller		ADDRESS JOHNS HOPKINS HOSPITAL	
18. 150 x and 029 x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Esophagus DUE TO (B) Tracheo Esophageal fistula DUE TO (C) Aspiration pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 mo. 1 day. 1 day	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Syphilis - stage undet.			
19A. DATE OF OPERATION 1-20-52		19B. MAJOR FINDINGS OF OPERATION No abdominal metastases	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-4-52 to 1-21-52 , that I last saw the deceased alive on 1-21-52 , and that death occurred at 11:57 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Morrow		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
24A. BURIAL, CREMATION, REMOVAL (Specify) buried		24B. DATE Jan 26/52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		24D. LOCATION (City, town, or county) (State) A.A. County Md	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 7129 N. Caroline St	
DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952		25C. DATE SIGNED 1-22-52	

Received of Mr. J. B. [illegible]
the sum of \$100.00
for [illegible]
J. B. [illegible]
[illegible]

342
52 0746BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0746
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John Setlak

2. DATE
OF
DEATH

Jan 24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1628 Lancaster St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Ind.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1628 Lancaster St

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 8

9. AGE (in years
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Setlak

14. MOTHER'S MAIDEN NAME

Elmke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Eva Setlak 1628 Lancaster St

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Benile atherosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1952, to Jan 24, 1952, that I last saw the
deceased alive on Jan 24, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1910

OFFICE OF THE
SHERIFF OF DEAN

NOV 1910

TO THE HONORABLE
THE JUDGE OF THE
COURT OF DEAN
FROM
THE SHERIFF OF DEAN
I HEREBY CERTIFY THAT
THE FOLLOWING IS A
TRUE AND CORRECT
COPY OF THE
ORIGINAL AS
FILED IN THE
OFFICE OF THE
SHERIFF OF DEAN
ON THE
11TH DAY OF
NOVEMBER 1910
AT DEAN

IN WITNESS WHEREOF
I HAVE HEREUNTO
SET MY HAND AND
THE SEAL OF THE
OFFICE OF THE
SHERIFF OF DEAN
AT DEAN
THIS 11TH DAY OF
NOVEMBER 1910

WILLIAM
SHERIFF OF DEAN

WILLIAM
SHERIFF OF DEAN

552
52 0747BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0747
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET C. SCHIMINGER

2. DATE
OF
DEATH

JAN. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6 N. LINWOOD AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):

A. STATE

MARYLAND

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

6 N. LINWOOD AVE.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MAY 25, 1864

9. AGE (in years,
last birthday)

87

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

HOUSE WIFE

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JACOB SCHMIDT

14. MOTHER'S MAIDEN NAME

MARGARET TAMERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

DENA SCHIMINGER 6 N. LINWOOD AVE.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1952, to Jan 23, 1952, that I last saw the
deceased alive on Jan 23, 1952, and that death occurred at 12:30 pm from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

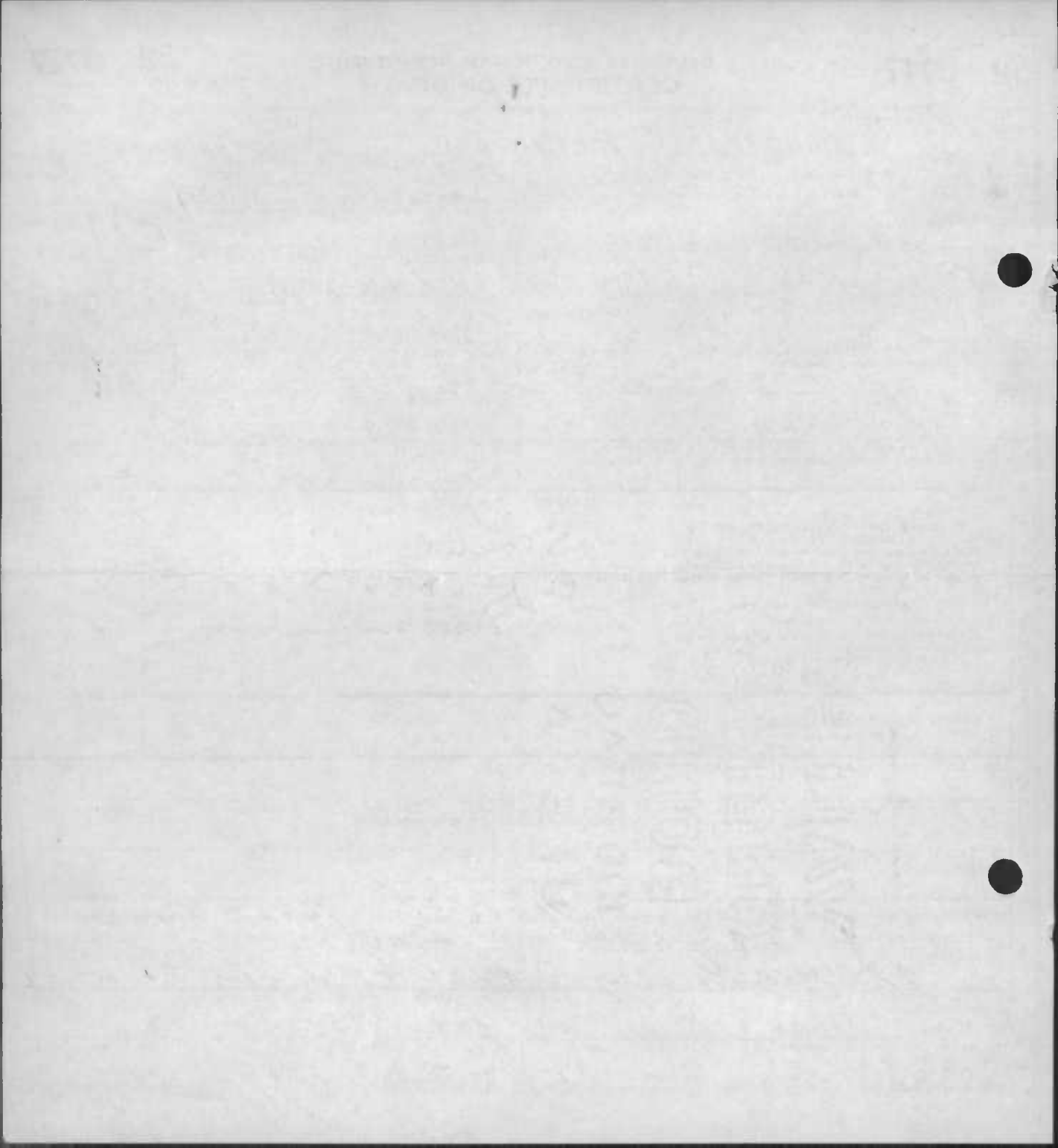
25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

Huntington, Williams, M.D.

B. POWERS 2816 E. BALTIMORE ST.



560
02 0748BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0748
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Henry</i>		2. DATE OF DEATH <i>1/24/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>md.</i> B. COUNTY <i>city</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1102 - Linden Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11-04</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Yrs. Mos. Days</i>		D. STREET ADDRESS (If rural, give location) <i>1102 - Linden Ave</i>	
5. SEX <i>M.</i>	6. COLOR OF RACE <i>Cal.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>3/2/1876</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife own home</i>		11. BIRTHPLACE (State or foreign country) <i>S.C.</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Jack Sharper</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, under unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Sacra Gregg</i>		ADDRESS <i>1102 Linden Ave</i>	

18. <i>442 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO <i>Hypertensive Cardiovascular</i> (B) <i>Renal Disease</i> DUE TO (C) <i>unknown</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
---	--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 1950*, to *Jan 24, 1952*, that I last saw the deceased alive on *Jan 24, 1952*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>H. Garland Churchill</i>	23B. ADDRESS <i>902 W. Franklin</i>	23C. DATE SIGNED <i>1-25-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>1/27/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>Oliver & Halehead</i>	ADDRESS <i>1312</i>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0749**

BIRTH NO. **51-30052**

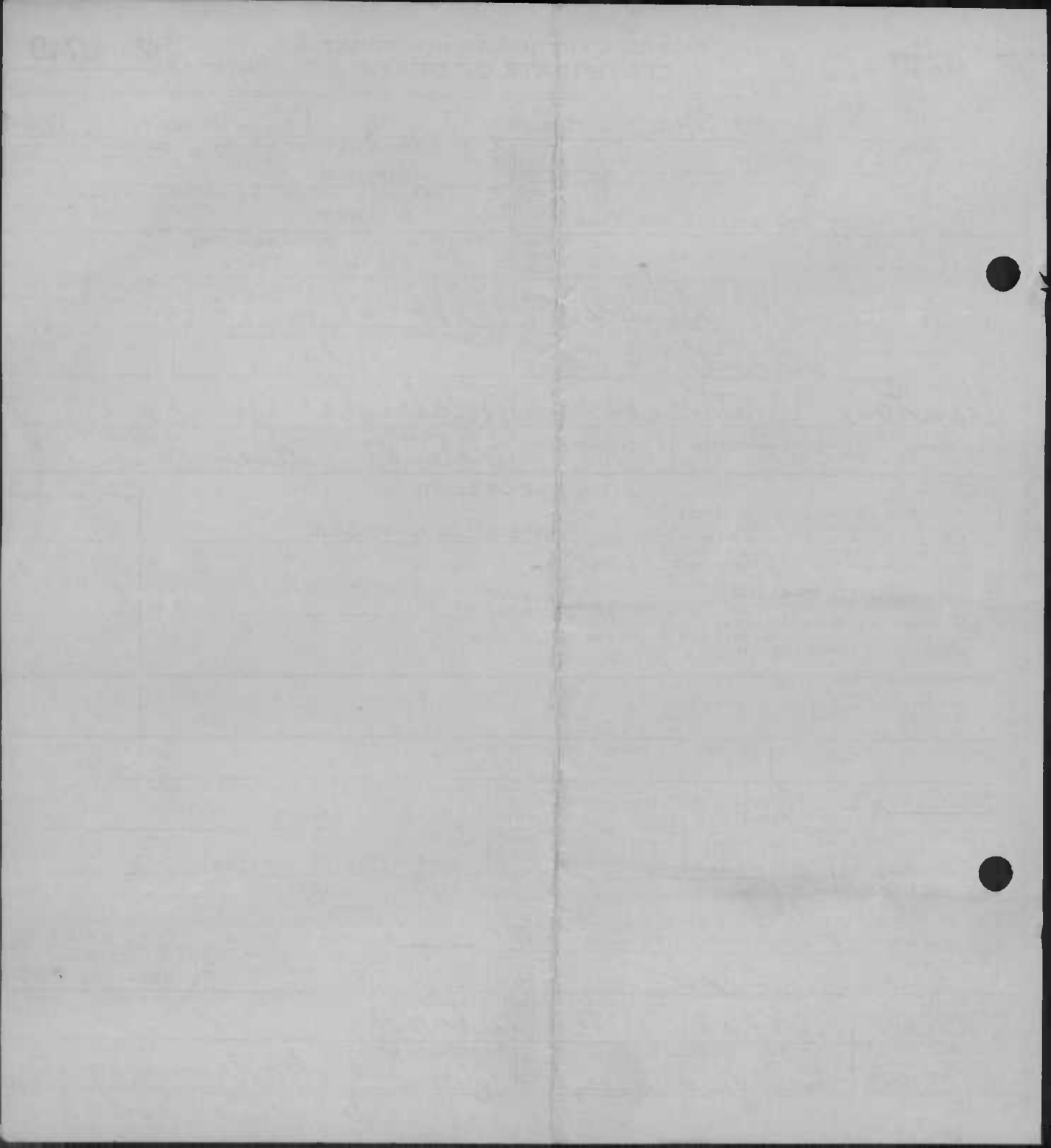
1. NAME OF DECEASED (Type or Print) ANNE SHIRLEY WATTERSON		2. DATE OF DEATH January 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write BORON and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 504 Moore Street			
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
6. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-22-51
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Clinton Watterson	
14. MOTHER'S MAIDEN NAME Malinda Gaines		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Malinda Watterson - Moore St	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. E 921.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Aspiration of vomitus		
(A) XXXXXX		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Otitis media		
(B) DUE TO		
(C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 504 Moore Street		
21D. TIME (Month) (Day) (Year) (Hour) January 24, 1952 A.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Aspiration of vomitus		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D.		23C. DATE SIGNED Jan. 24, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/28/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		
24D. LOCATION (City, town, or county) (State) W. Halstead - 918 - bluid Hill ave, 1952				
DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 151				



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0750
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM B. ROBERTS

2. DATE OF DEATH Jan. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1800 N. Charles St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1800 N. Charles St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 16, 1880

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Steel

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nathan P. Roberts

14. MOTHER'S MAIDEN NAME

Hannah Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
168-12-0678A

17. INFORMANT ADDRESS St.
Mrs. Elizabeth A. Roberts-1800 N. Charles

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Arteriosclerotic Heart Disease*
DUE TO
(B) *Coronary arteriosclerosis*
DUE TO
(C) *Coronary occlusion (thromb.)*

INTERVAL BETWEEN ONSET AND DEATH

12 yrs +
12 yrs +
18 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1950, to 23 Jan, 1952, that I last saw the deceased alive on 22 Jan, 1952, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 25 1952

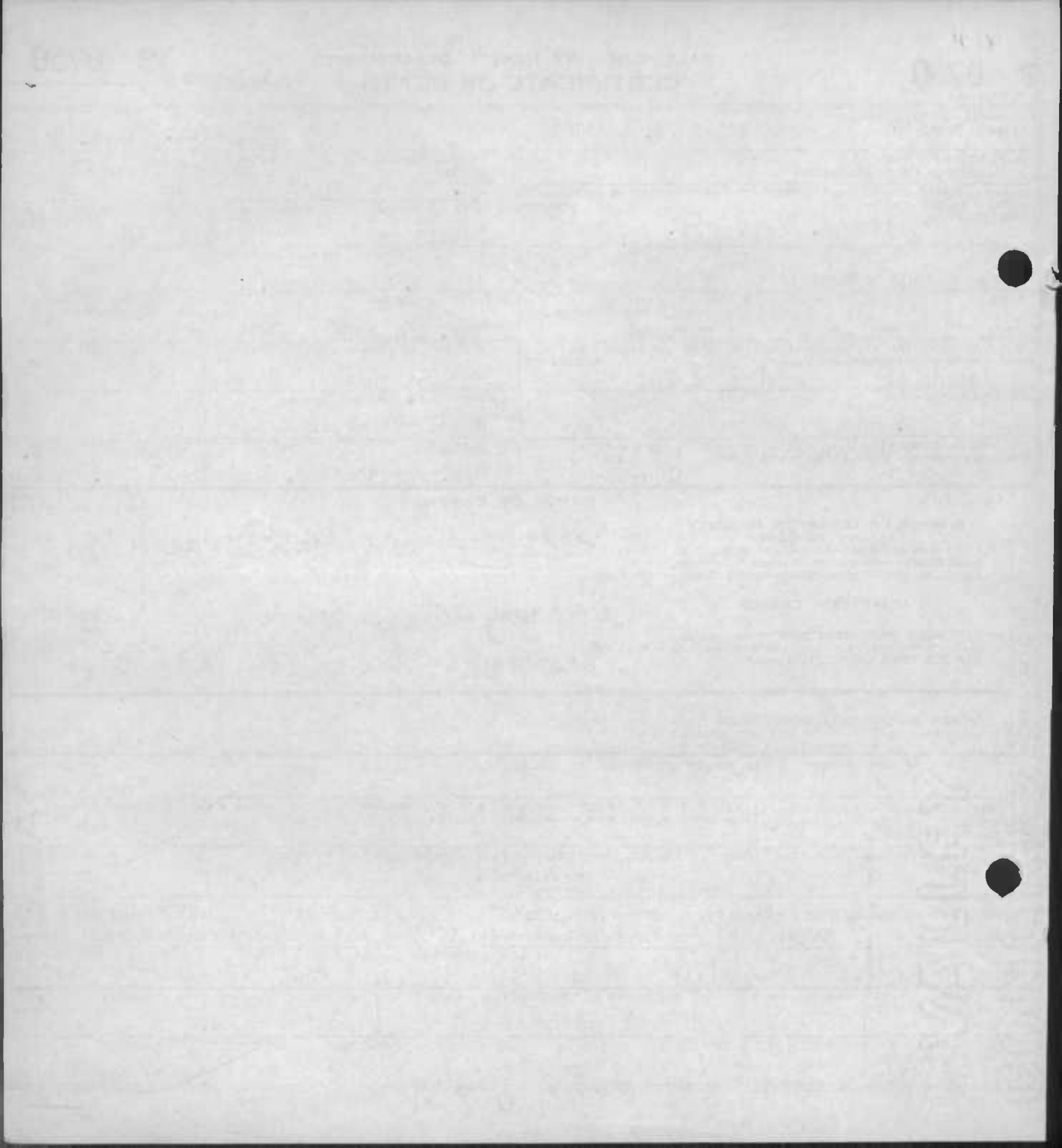
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

26. ADDRESS
J. J. Vichner & Sons - Balt

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0751
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND A. BEAVAN

2. DATE
OF
DEATH

Jan. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1911 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write rural and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1911 Hollins St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 12, 1877

9. AGE (in years)

74

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wheelright (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Carriage Building

13. FATHER'S NAME

unknown Beavan

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
213-20-6472

17. INFORMANT

ADDRESS

Mr. Raymond Beavan, Jr. - 1911 Hollins St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral accident

none

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C. V disease

4 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

CHIEF OF ASSY MEDICAL EXAMINER

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23, 1952, to 1/23, 1952, that I last saw the deceased alive on 1/23, 1952, and that death occurred at 2:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Vernon Williamson

23B. ADDRESS

M. O. 4508 Edmondson Village

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE

1/26/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Washington, D. C.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 25 1952

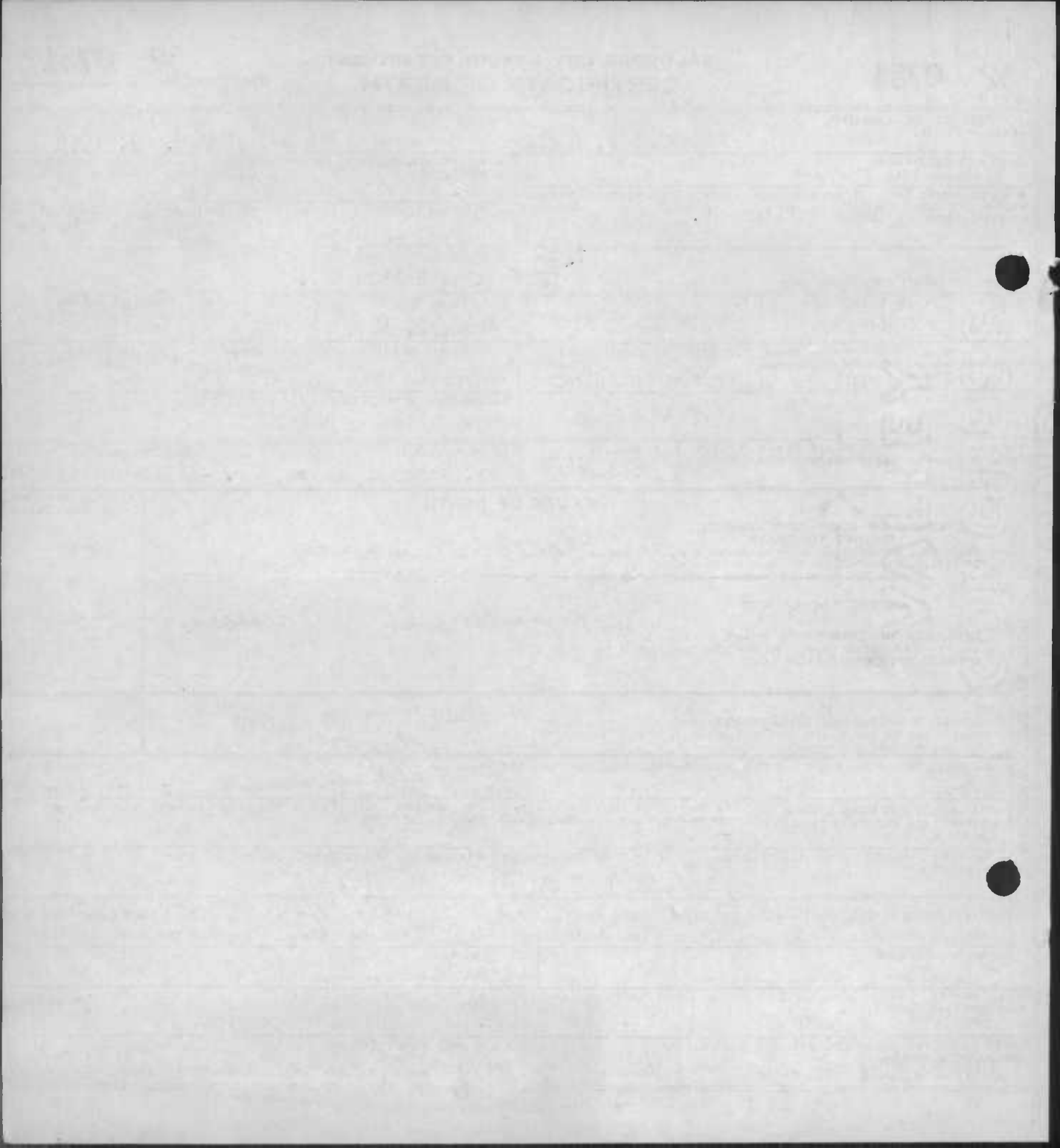
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wickner & Sons - Balt 17, Md.

MEDICAL CERTIFICATION



232
52 0752BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0752
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ralph E. Ricketts

2. DATE
OF
DEATH

Jan. 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2005 Orleans St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
2005 Orleans St

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

2005 Orleans St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Nov. 11, 1895

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR
INDUSTRY

McCormick Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Ricketts

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-10-6289

17. INFORMANT

ADDRESS

Mrs. Carolina Ricketts 2005 Orleans St.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

1 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis
generalized

1 year

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1945, to Jan 23, 1952, that I last saw the
deceased alive on Jan 22, 1952, and that death occurred at 5 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Egbert H. Uffortmeier, M. D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 25/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 25 1952

Huntington Williams, M.D.

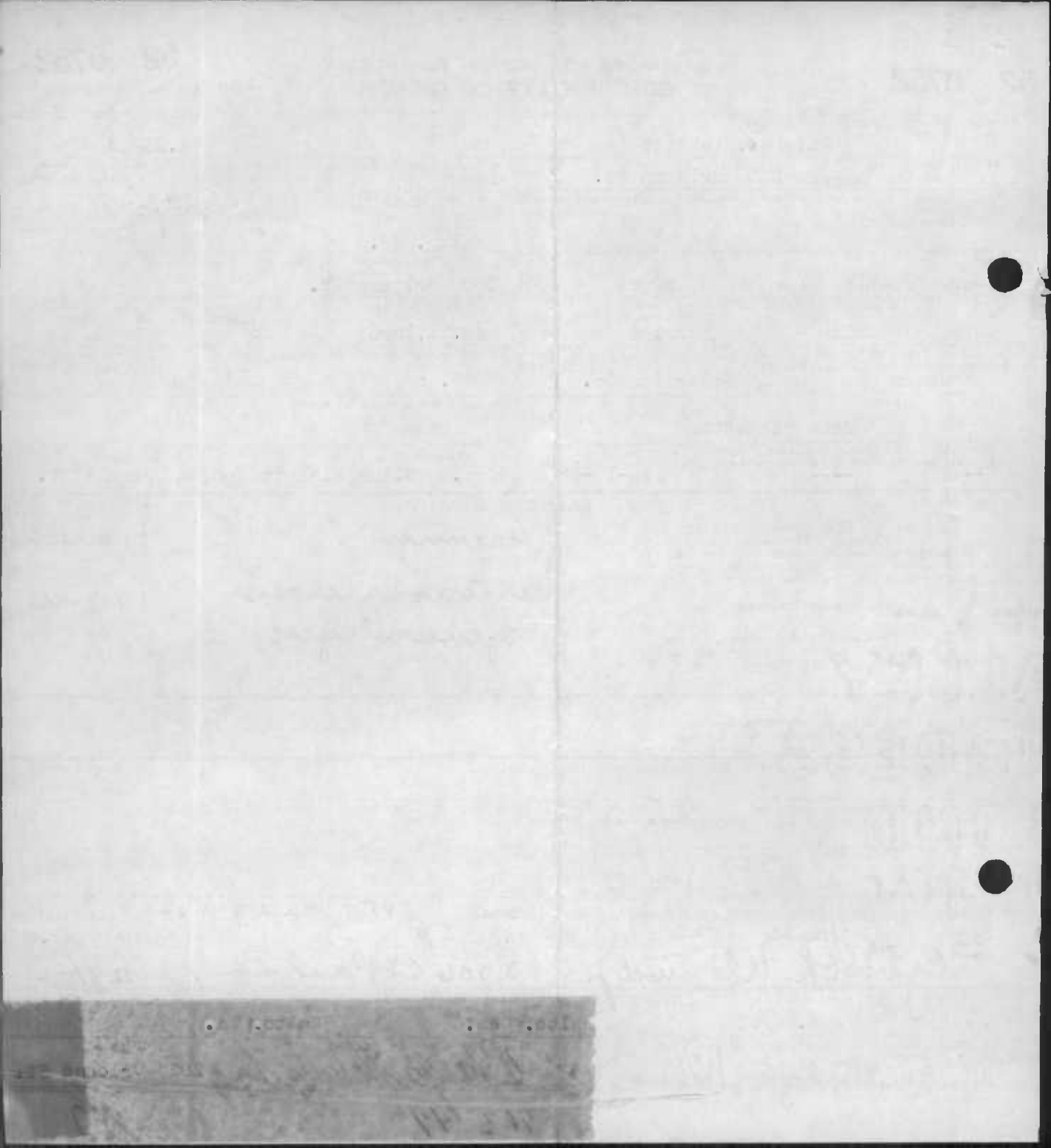
25. FUNERAL DIRECTOR

ADDRESS

VS 150

763 447

2024 Orleans St.



540

52 0753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0753
Registered No.

BIRTH NO. 51-29974

1. NAME OF DECEASED
(Type or Print)

Baby Carolyn Connolly

2. DATE
OF
DEATH

1-6-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Balto. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Manfred H. Hept

C. CITY OR TOWN (If outside corporate limits, give FULL and give
township)

Baltimore City

Length of stay in Baltimore

18

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3041 Mathews St. Balto.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

12-29-51

9. AGE (In years
last birthday)

H Under 1 Year 4 1/2 24 Hours

Months: Days Hours Min.

18

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Truck Driver

11. BIRTHPLACE (State or foreign country)

Balto. Md, USA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas J. Connolly Jr.

14. MOTHER'S MAIDEN NAME

Alice D. Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital Atelectasis
of the Lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Prematurity plus Twin Pregnancy

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

0

20. (AUTOPSY?)

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

0

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

0

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

0

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

0

22. I hereby certify that I attended the deceased from 12-24, 1951, to 1-6, 1952, that I last saw the
deceased alive on 1-6, 1952, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Vicente

M. O.

23B. ADDRESS

Maryland Gen. Hopt.

23C. DATE SIGNED

1-19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

1-8-52

24C. NAME OF CEMETERY OR CREMATORY

Maryland Gen. Hopt

24D. LOCATION (City, town, or county)

Balto., Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

0752

1000 8

1000 8



245

52 0754

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0754

1. NAME OF DECEASED
(Type or Print)

Baby "A" Chisolm

2. DATE
OF
DEATH

January 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/12/52

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

13 7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Julian Chisolm, Jr.

14. MOTHER'S MAIDEN NAME

Sylvia Larsen

(345587)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Prematurity

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1952, to Jan. 12, 1952, that I last saw the
deceased alive on Jan. 12, 1952, and that death occurred at 8.30P m., from the causes and on the date stated above.

23A. SIGNATURE

Hendrickson

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

1/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Hopkins Cemetery

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952

0753

245
52 0755BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0755

BIRTH NO. 52-00908

1. NAME OF DECEASED
(Type or Print)

Baby "B" Chisolm

2. DATE
OF
DEATH

January 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

1/12/52

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min. 710A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Julian Chisolm, Jr.

14. MOTHER'S MAIDEN NAME

Sylvia Larsen

(345587)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1952, to Jan. 12, 1952, that I last saw the
deceased alive on Jan. 12, 1952, and that death occurred at 8.20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jen A. Bushy

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

1/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Hop Deford

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

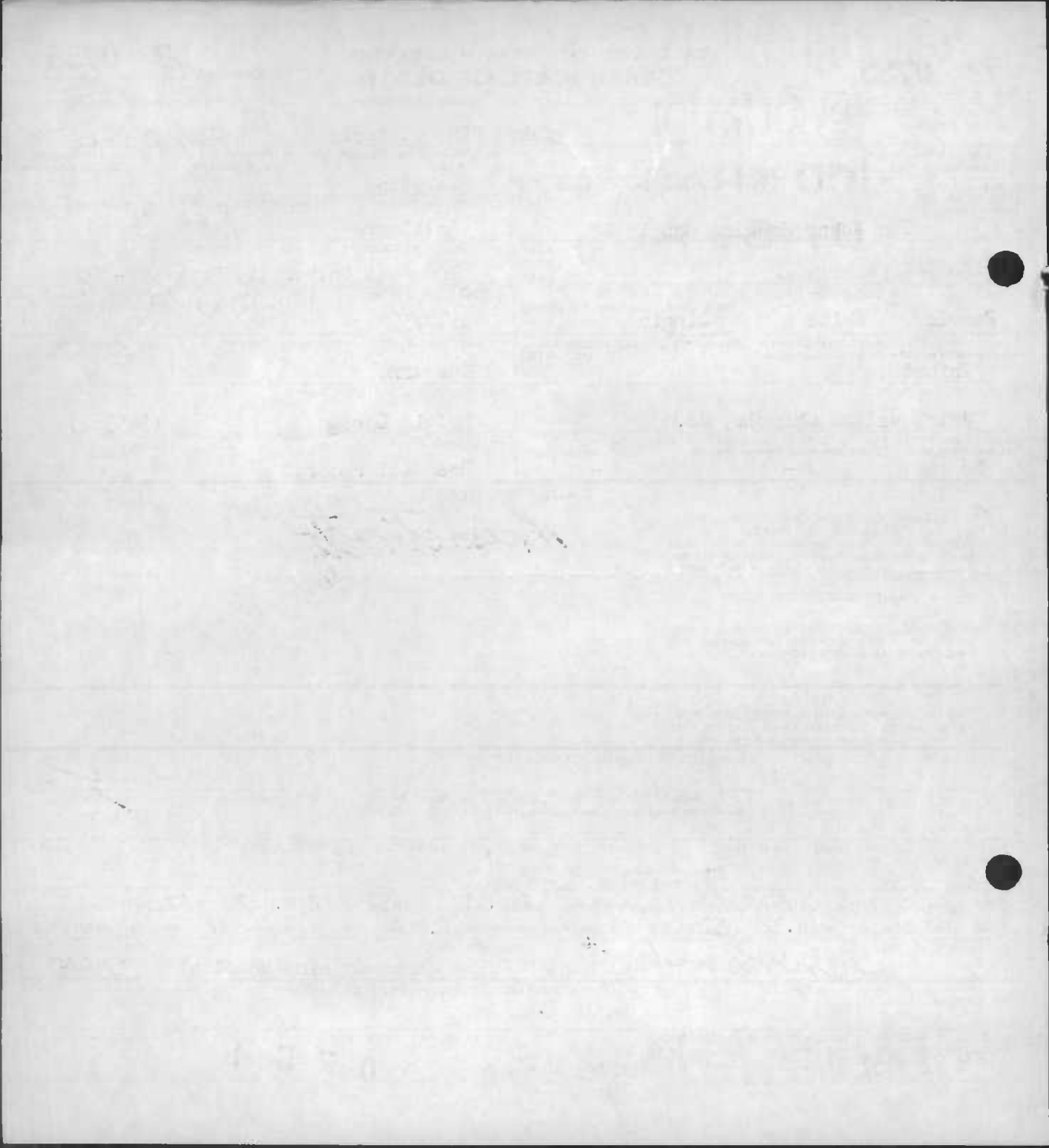
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1952



552
52 0756
BIRTH NO. 52-01288BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0756

1. NAME OF DECEASED (Type or Print)			Baby Girl Simmons			2. DATE OF DEATH January 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
8. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 1418 Barnes Street - 5		
5. SEX Female			6. COLOR OR RACE Negro			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10B. KIND OF BUSINESS OR INDUSTRY -			9. AGE (in years last birthday) 1/17/52		
13. FATHER'S NAME Harold Hamlin			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? 4 48		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Hospital records		

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Prematurity (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
--	--	--	--	----------------------------------	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/17/52, 1952, to Jan. 18, 1952, that I last saw the deceased alive on Jan. 18, 1952, and that death occurred at 4:16 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Glen Busby		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 1/21/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0757**

145
52 0757
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELEANOR HUNTER COPELAND			2. DATE OF DEATH Jan. 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3502 Clifton Ave.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3502 Clifton Ave.			5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 21, 1861		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Hunter			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Dr. Herman P. Copeland-3502 Clifton Ave.		

18. 422.1 and 153 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) congestive heart failure		3 days
	(B) chronic myocarditis		?
	(C) Arteriosclerosis & aneurysm		?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Suspected carcinoma of colon descending			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 7, 1952** to **Jan. 25, 1952** that I last saw the deceased alive on **Jan. 24, 1952**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Maurice E. Obermer M. D.	23B. ADDRESS 3300 W. North Ave	23C. DATE SIGNED 1-25-52
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 26 1952	24C. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	24D. LOCATION (City, town, or county) (State) Cumberland, Md.
--	---------------------------------	---	---

DATE RECEIVED BY JAN 26 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature]	ADDRESS 933 Baco 17, Md.
--	---	--	------------------------------------

1917

CONFIDENTIAL

1917

Department of Justice

Attorney General

Washington, D.C.

Respectfully,
John Edgar Hoover

John Edgar Hoover

John Edgar Hoover

1-28-17

240
52 0758BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0758

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES MARCUS BOSLEY

2. DATE
OF
DEATH

JAN 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PRESTON APTS.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD.

B. COUNTY

C. CITY OR TOWN

BALTO. PRESTON APTS.

D. STREET ADDRESS (If rural, give location)

PRESTON ST. & FALLSWAY

C. Length of stay in Baltimore

40 YRS.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 5, 1890

9. AGE (In years)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR INDUSTRY

RUCO PRODUCTS

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM P. BOSLEY

14. MOTHER'S MAIDEN NAME

DORCAS ANN WISE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

W.W.1

17. INFORMANT

MADELYN T. BOSLEY

ADDRESS

SAME

18. 153 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 months
10/20/51DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of ascending colon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Broncho Pneumonia

2 days

19A. DATE OF OPERATION

Oct 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of ascending colon & metastases to liver & peritoneum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1951, 19, to Jan 25, 1952, 19, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 12:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Gluck

M. D.

23B. ADDRESS

3406 St Paul St

23C. DATE SIGNED

1/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-27-1952

24C. NAME OF CEMETERY OR CREMATORY

ST. JAMES

24D. LOCATION (City, town, or county)

BALTO. CO.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 26 1952

REGISTRAR'S SIGNATURE

Francis W. Gluck

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS CO. 4905 YORK RD.

3406 St PAUL

450
52 0759BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0759
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LLEWELYN, LOUIS T.

2. DATE
OF
DEATH

Jan. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ. Hosp. Balto. Md.

C. Length of stay in Baltimore

48

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore 9-02

D. STREET ADDRESS (If rural, give location)

1306 Argonne Drive

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 22 1872

9. AGE (In years last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Printer

11. BIRTHPLACE (State or foreign country)

Alliance Ohio

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Evan Lewelyn

14. MOTHER'S MAIDEN NAME

Mary Ann Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-67-1227

17. INFORMANT

Evan S Lewelyn 1218 Havenwood Rd.

ADDRESS

18.

151X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH
metastatic carcinoma of the esophagus secondary to CA of the cardia of the stomach
(A)
DUE TO
Retroperitoneal, peritoneal, surrounding tissue + wide spread
(B)
DUE TO
metastasis
(C)

INTERVAL BETWEEN ONSET AND DEATH

6 wks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-24-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Cardia + metastasis

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1952 to 1-23, 1952 that I last saw the deceased alive on 1-23, 1952 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

22A. SIGNATURE

John W. Bonard

M. O.

22B. ADDRESS

Univ. Hosp. Balto. Md.

22C. DATE SIGNED

1-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 26 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Lakesville Ind

(State)

DATE RECEIVED BY
LIC. REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

H. Perkins Sons 64905 York Rd

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0760
Registered No.

200
2 0760

1. NAME OF DECEASED (Type or Print) Hazel Ross			2. DATE OF DEATH Jan 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Burg Hal 7			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Harford		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bel Air		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6200		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-12-28		9. AGE (In years last birthday) 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Harford Co Md		12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Royce Jennings			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 330X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) subarachnoid and intracerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriovenous anomaly of the left frontal lobe		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. hyperkalemia, cause undetermined		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION Enlarged anterior cerebral artery	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-13-**, 19**52** to **1-22-**, 19**52** that I last saw the deceased alive on **1-23-**, 19**52**, and that death occurred at **6⁵⁰ A. m.**, from the causes and on the date stated above.

23A. SIGNATURE John Brown	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 24 Jan 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan, 27, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt Zion Cem
24D. LOCATION (City, town, or county) (State) Harford Co, Md	25. FUNERAL DIRECTOR W. B. Bailey	ADDRESS Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
JAN 26 1952

VS 150

6.11

12.11

4000 ft. 10.11.1911
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10.11.1911

10.11.1911
10.11.1911

VALLEY

10.11.1911
10.11.1911
10.11.1911

652
52 0761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0761

1. NAME OF DECEASED (Type or Print) MICHAEL L. WARRINGTON		2. DATE OF DEATH January 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1723 Sexton Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 15/51.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Meredith L. Warrington		14. MOTHER'S MAIDEN NAME Lorraine Hampton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John H. Henry, 1723 Sexton St.		ADDRESS	

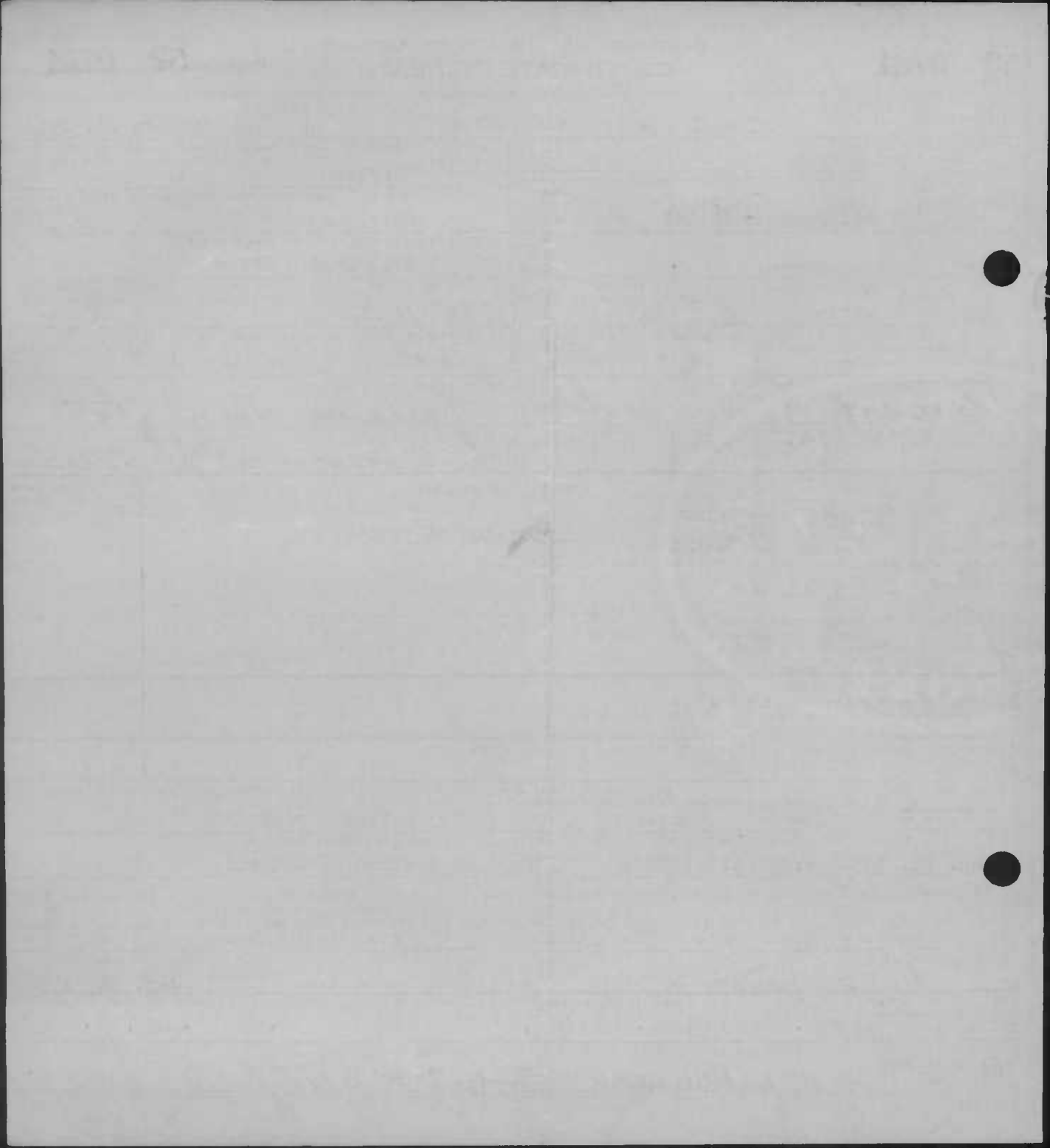
18. E 921.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Aspiration of vomitus DUE TO (A) Aspiration of vomitus (B) (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1723 Sexton Street		
21D. TIME (Month) (Day) (Year) (Hour) of INJURY Jan. 24, 1952 9:30 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Aspiration of vomitus		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED Jan. 24, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 26/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet, 2930 Frederick Rd. Balto. 29, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1952		REGISTRAR'S SIGNATURE For William [Signature]		25. FUNERAL DIRECTOR Henry H. Witke ADDRESS 4101 Edmondson Ave

N - 933.4

1952

MEDICAL CERTIFICATION



252
52 0762BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0762
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Abram Hawkins		2. DATE OF DEATH 1/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence after admission) A. STATE MD B. COUNTY AA	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) 1107 W CROSS ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD 21-02	
c. Length of stay in Baltimore AAA County & BALTO City		D. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH FEB 5-1860
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY IRON MOLDER	
13. FATHER'S NAME Hawkins		14. MOTHER'S MAIDEN NAME Susan Rider	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS HART		ADDRESS 1107 W CROSS ST	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction	CAUSE OF DEATH (A) DUE TO Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis	(B) DUE TO Arteriosclerosis	4 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Arteriosclerosis	(C)	1 year

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-20**, 19**47** to **1-25**, 19**52**, that I last saw the deceased alive on **1-25**, 19**52**, and that death occurred at **12:45 PM**, from the causes and on the date stated above.

23A. SIGNATURE John P. Unbeck, Jr.	23B. ADDRESS 1227 Wash. Blvd	23C. DATE SIGNED 1-26-52
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 1/28/52	24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETARY	24D. LOCATION (City, town, or county) (State) BALTO MD
DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1952	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Charles P. Towell	ADDRESS 2427 Edmondson Ave

1208 DE W. 11th St.

file 3689

12-7

512
52 0763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0763
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie Thompson

2. DATE
OF
DEATH

Jan. 24, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bar-Hil-Ba Home

Length of stay in Baltimore

73 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

548 Dolphin St.

8. DATE OF BIRTH

May 6, 1877

9. AGE (In years last birthday)

73

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Thompson

14. MOTHER'S MAIDEN NAME

Julia Jessup

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Sadie Hackett

ADDRESS

548 Dolphin St.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive

DUE TO Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-11, 1951, to 1-23, 1952 that I last saw the deceased alive on 1-22, 1952 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE
W. Atwell Jones

M. D.

23b. ADDRESS
554 Dolphin St.

23c. DATE SIGNED
1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Jan. 28, 1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 26 1952

REGISTRAR'S SIGNATURE

William Williams

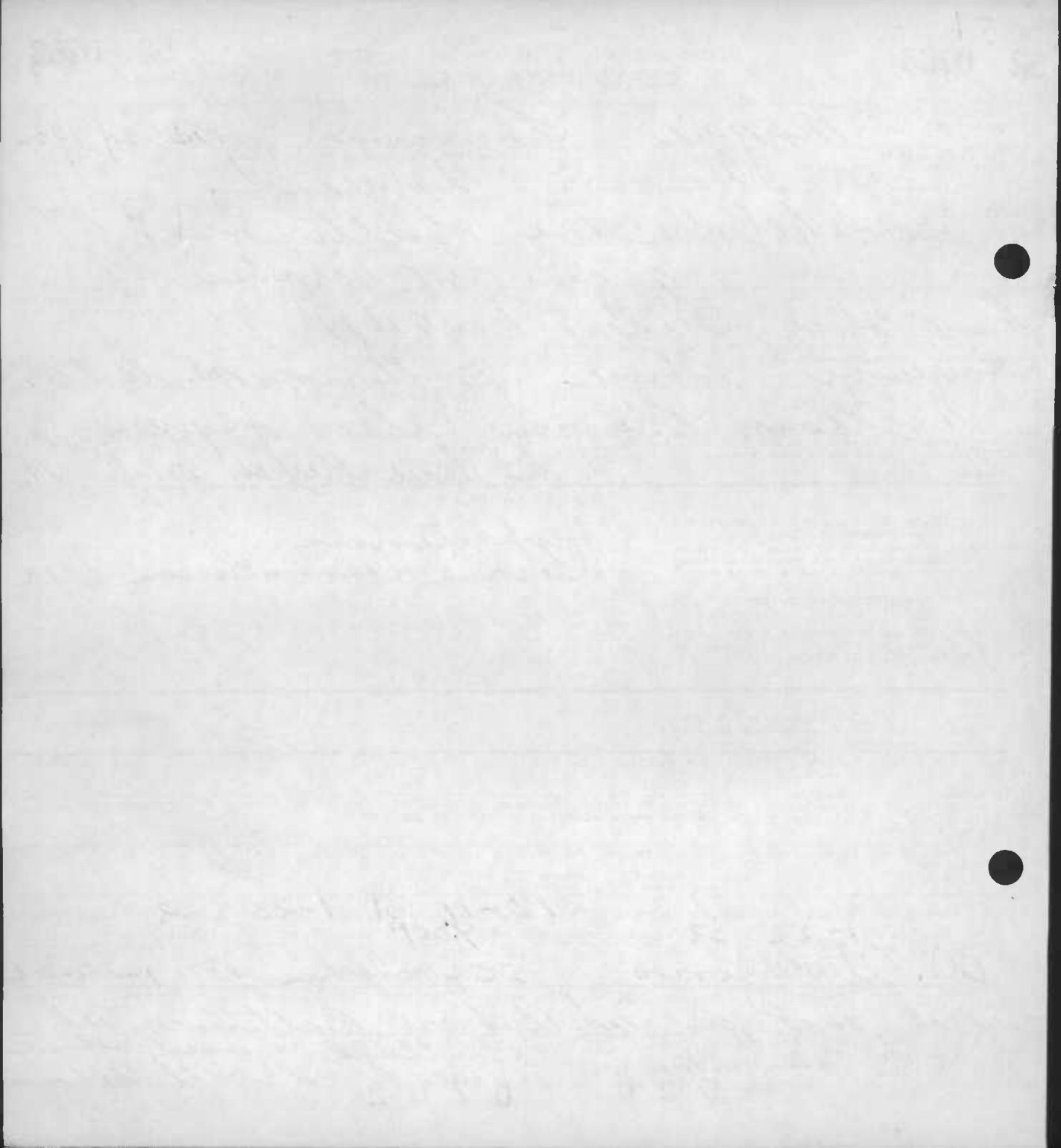
25. FUNERAL DIRECTOR

Antland Funeral Home

ADDRESS

6951 Druid Hill Ave.

MEDICAL CERTIFICATION



536
52 0764BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0764

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louis Edward Pontier			2. DATE OF DEATH 1/24/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 9-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 525 Wyanoke Ave. #18		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 63		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY TALESHAN		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME LOUIS EDW. PONTIER			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Katherine Pontier - 525 Wyanoke			ADDRESS		

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma - left lung (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION 1/21/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/20 , 19 52 , to 1/24 , 19 52 , that I last saw the deceased alive on 1/24 , 19 52 and that death occurred at 10:15 PM from the causes and on the date stated above.					

23A. SIGNATURE J. Joseph Krejci	23B. ADDRESS 1400 N. Caroline St.	23C. DATE SIGNED 1-25-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 1-28-52	24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL -	24D. LOCATION (City, town, or county) (State) CITY -
DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1952	REGISTRAR'S SIGNATURE W. J. Williams	25. FUNERAL DIRECTOR W. J. Williams	ADDRESS Government Ave & 22nd St

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200
52 0765BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0765

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Morrison Biggs

2. DATE
OF
DEATH

Jan 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.

Mos.

Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 27, 1887

9. AGE (in years, last birthday)

64

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Biggs

14. MOTHER'S MAIDEN NAME

Annabelle Anders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine S. Biggs-4032 Belle Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

9 da.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1952 to Jan 25, 1952 that I last saw the deceased alive on Jan 25, 1952 and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Haverly S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

1-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/28/52

24C. NAME OF CEMETERY OR CREMATORY

Rocky Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Rocky Ridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 26 1952

REGISTRAR'S SIGNATURE

Lester Williams

25. FUNERAL DIRECTOR

Wm C. Dickens & Sons

ADDRESS

832 Bath 17, Md.

Case 1

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Case 2

IN SENATE
January 10, 1902

REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 1, 1899

ALBANY:
J. B. LEECH, PRINTER.
1902.

530
52 0766BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0766

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		NELLIE MAY SMITH		2. DATE OF DEATH Jan. 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2201 Roslyn Ave.				C. CITY OR TOWN Baltimore	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 2201 Roslyn Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 27, 1879	9. AGE (In years, last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Owen D. Lewis				12. CITIZEN OF WHAT COUNTRY? Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT Miss Lila M. Smith-2201 Roslyn Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. none		ADDRESS Miss Lila M. Smith-2201 Roslyn Ave.	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Pulmonary Tuberculosis (Active) (B) Virus Pneumonia (C) Arterio-sclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 8 months 2 months 5 yrs.
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19A. DATE OF OPERATION home	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1947, to Jan. 25, 1952, that I last saw the deceased alive on Jan. 24, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE Paul L. Chambers M.D.	23B. ADDRESS 4108 Liberty Hts	23C. DATE SIGNED 1/24/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/28/52	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.	24D. LOCATION (City, town, or county) (State) Elkridge, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature]	ADDRESS [Address]
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13B Md

870-52

RECEIVED
10 FEB 1964

870-52



52 52
52 0767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0767
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Susie Mickers</i>		2. DATE OF DEATH <i>1-24-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1813 N. Caroline St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>30 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1813 N. Caroline St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-22-1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>M & M Restaurants</i>	9. AGE (In years last birthday) <i>55</i>
11. BIRTHPLACE (State or foreign country) <i>Middlesex Co. Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>James Henry Curtis</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>313-01-3077</i>	17. INFORMANT <i>Thomas Mickers</i>	
16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		ADDRESS <i>1813 N. Caroline St.</i>	

MEDICAL CERTIFICATION

18. <i>410 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Chronic Nephritis (Postarteriosclerotic)</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>approx 2 yrs</i> <i>2 yrs</i> <i>2 yrs</i> <i>1 yr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Arteriosclerosis</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>Mitral Stenosis (Rheumatic)</i> <i>Hemiplegia, Cerebral Hemorrhage</i>		
19A. DATE OF OPERATION <i>None</i>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>none</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Nov</i> , 1944, to <i>Jan 24</i> , 1952, that I last saw the deceased alive on <i>Jan 24</i> , 1952, and that death occurred at <i>7 P. m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Ralph J. Young</i>		23B. ADDRESS <i>1429 E. Monument St.</i>		23C. DATE SIGNED <i>1/25/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-27-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 26 1952</i>	REGISTRAR'S SIGNATURE <i>Washington H. Williams</i>	25. FUNERAL DIRECTOR <i>Knobloch & Collick</i> ADDRESS <i>1412 E. Preston St.</i>		

325
52 0768BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 0768

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frank Hutchins

2. DATE
OF
DEATH

January 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital, give street address and location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1378 N. Stockton St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 19, 1888

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Frank Hutchins

14. MOTHER'S MAIDEN NAME

Annie Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 491X and 179X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

lobular pneumonia +
pericarditisINTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.arteriosclerotic heart disease
carcinoma of the penisunknown
15 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1952, to 1-24, 1952, that I last saw the
deceased alive on 1-24, 1952, and that death occurred at 905 PM, from the cause stated on the date stated above.

23A. SIGNATURE

Richard Helms

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

25 Jan 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 27-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

A. A. Co

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Francis W. Sullivan, Jr.

ADDRESS

6446A/1011 N. Arlington Ave 51D

NOV 30 1951

NOV 30 1951

24



TO THE SECRETARY OF THE ARMY
 FROM THE SECRETARY OF THE ARMY
 SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum or report detailing military operations or administrative matters.]

[Illegible text continues across the page]



512 52 0770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 0770

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Antoni Konopka*2. DATE
OF
DEATH*Jan. 25 / 52.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1318 Eastern Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 3-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1318 Eastern Ave.

5. SEX

6. COLOR OF RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.*Male White Married**Jan 1 - 75*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *443X I*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)*Myocardial Insufficiency 2 wks.
Chronic Myocarditis 5 yrs.
Arteriosclerosis Hypertension 2 yrs.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1949, to *Jan. 25*, 1952, that I last saw the deceased alive on *Jan. 24*, 1952, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John V. Sczerbicki

M. D.

*1802 Eastern Ave.**1-26-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

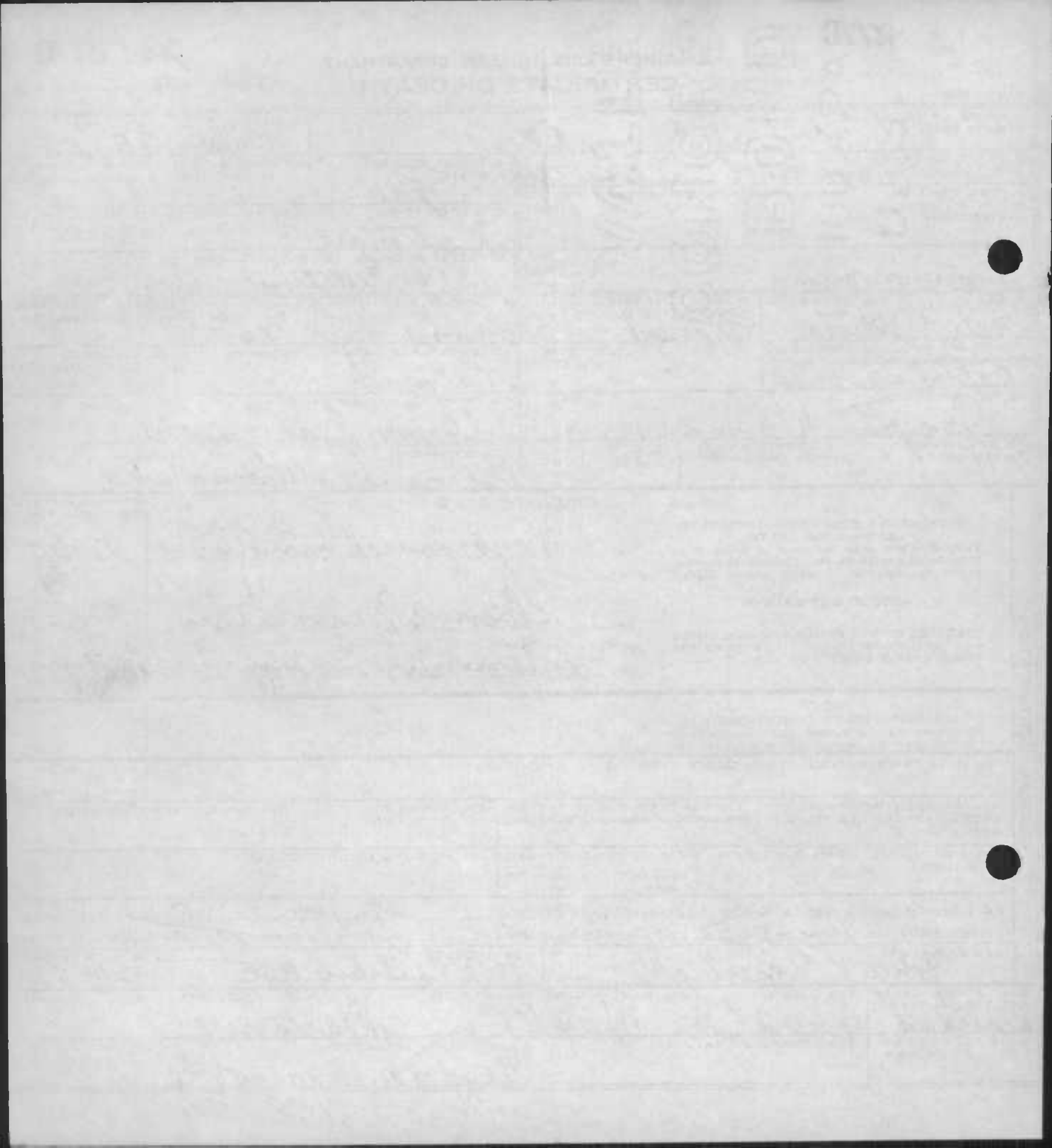
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial Jan 28/52 Holy Rosary Baltimore**Gregory G. Gzowski**970991930 Eastern Ave 937*

MEDICAL CERTIFICATION



52 0771
REA- 86219BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0771
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Rott		2. DATE OF DEATH 1-23-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-1	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals 4940 Eastern Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 7, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 75 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Frank Rott		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 493 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive arteriosclerotic cardiovascular disease	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-28** 19**44**, to **1-23**, 19**52** that I last saw the deceased alive on **1-23**, 19**52**, and that death occurred at **5:15 P** m., from the causes and on the date stated above.

23A. SIGNATURE **R. H. Cohen** M. D. 23B. ADDRESS **4940 Eastern Avenue** 23C. DATE SIGNED **1-26-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 1/28/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redemer	24D. LOCATION (City, town, or county) (State) BALTO, Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. HERRISON	ADDRESS Kentucky Ave. & Bolger
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1911

1911

1911

1911

1911

1911

1911



52 0772

52 0772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB MILLER

2. DATE
OF
DEATH

JANUARY 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

BALTIMORE

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2663 Park Heights Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

15 + 13

c. Length of stay in Baltimore

40

Yrs.
Moor.
Days

D. STREET ADDRESS (If rural, give location)

2663 PARK HEIGHTS TERRACE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Notions

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Zechariah

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mollie Miller - Same

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF THE STOMACH

18 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

JAN 24, 1951

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF STOMACH WITH METASTASIS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from JULY 3, 1950 to JAN. 27, 1952 that I last saw the
deceased alive on JAN 26, 1952 and that death occurred at 7A. m., from the causes and on the date stated above.

23A. SIGNATURE

Irwin B. Kamich

M. D.

23B. ADDRESS

5416 REISTERSTOWN RD

23C. DATE SIGNED

1/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-27-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

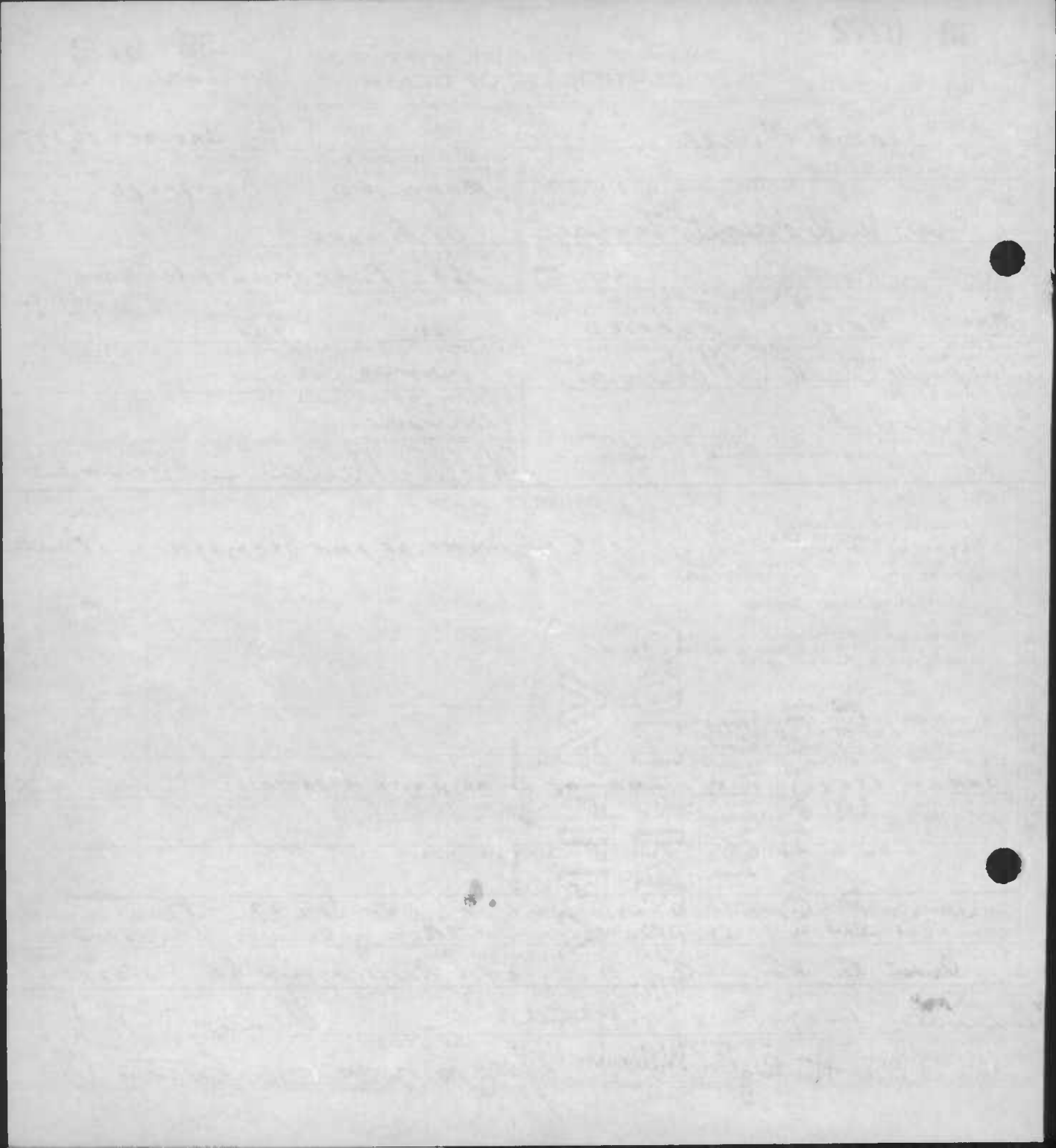
ADDRESS

JAN 27 1952

Huntington Williams, M.D.

Jack Reister

2100 Catow Pl



550 52 0773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0773

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD BAUMAN

2. DATE
OF
DEATH

1-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Length of stay in Baltimore

28

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

1041 Hillen St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

57

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Restaurant

10B. KIND OF BUSINESS OR
INDUSTRY

owner

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Brinkman

14. MOTHER'S MAIDEN NAME

Katherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Irene Bauman - House

18. 2040 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Due to

Pulmonary Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Due to

Carcinoma of right lung

(C) Due to

Ch. Lymphatic Leukemia

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1950, to 1/24, 1952, that I last saw the
deceased alive on 1/24, 1952 and that death occurred at 6 A. M., from the causes and on the date stated above.

23. SIGNATURE

A. Abramstein

M. D.

23B. ADDRESS

204 E. Broad St

23C. DATE SIGNED

1/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 1-27-52

Beth T. Feloh

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 27 1952

Huntington Williams, M.D. Jack Lewis 2100 Canton Pl

Horowitz

534

52 0774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0774

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DORIT SINDLER

2. DATE
OF
DEATH

1-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Belvedere & Greening*

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

*Md*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Levendale*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

Levendale

C. Length of stay in Baltimore

*50*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.*79*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*House wife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

*Not Known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Hospital Records*18. *450.01*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Arteriosclerosis**years*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-28*^{*1942*} to *1-24*, 1952 that I last saw the
deceased alive on *1-24*, 1952, and that death occurred at *7:55* pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

23B. ADDRESS

M. D.

Levendale Home

23C. DATE SIGNED

*1-24-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**1-27-52**Bnai Israel**Balto Md*DATE RECEIVED BY
LOCAL REGISTRAR

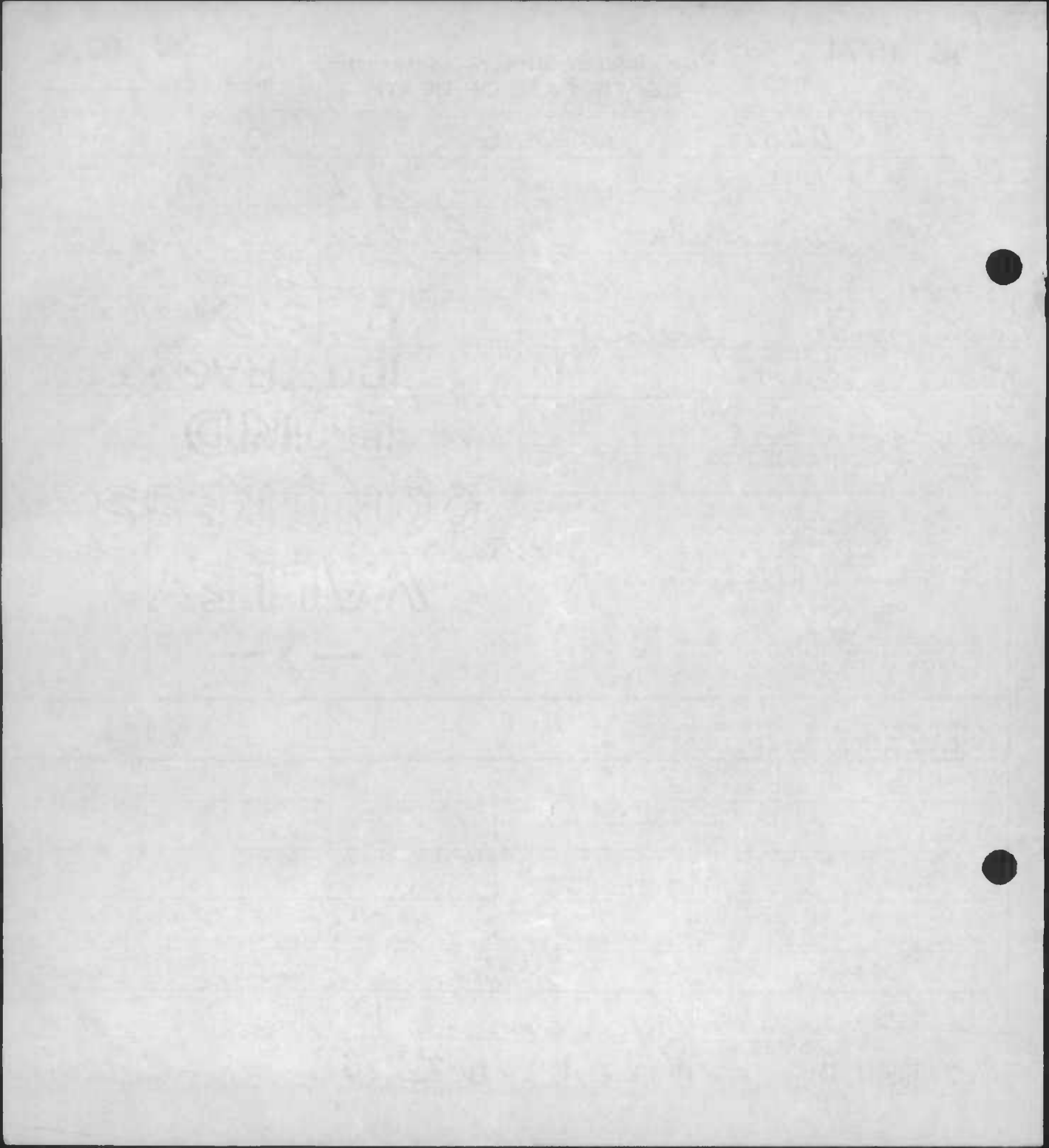
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JAN 27 1952**Huntington Williams, M.D.**2100 Eutan Pl*

MEDICAL CERTIFICATION



52 0775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0775

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BELLE ROSEN

2. DATE
OF
DEATH

JAN. 26, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-38

d. STREET ADDRESS (If rural, give location)

2401 Allendale Rd. #16

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Oct. 15, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

SAMUEL

KURTZ

14. MOTHER'S MAIDEN NAME

Dora

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

DAUGHTER

ADDRESS

18. 420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Thrombo-embolus (aortic
bifurcation)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congestive Heart Failure

DUE TO

(C)

Posterior Myocardial Infarction 24 days

INTERVAL BETWEEN
ONSET AND DEATH

14 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

(A)

Diabetes Mellitus

15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 2, 1952 to JAN. 26, 1952, that I last saw the
deceased alive on JAN. 26, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Miriam S. Daly

M. D.

23b. ADDRESS

Lutheran Hosp. of Md.

23c. DATE SIGNED

Jan. 26, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

1-27-52

24c. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24d. LOCATION (City, town, or county)

Datto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

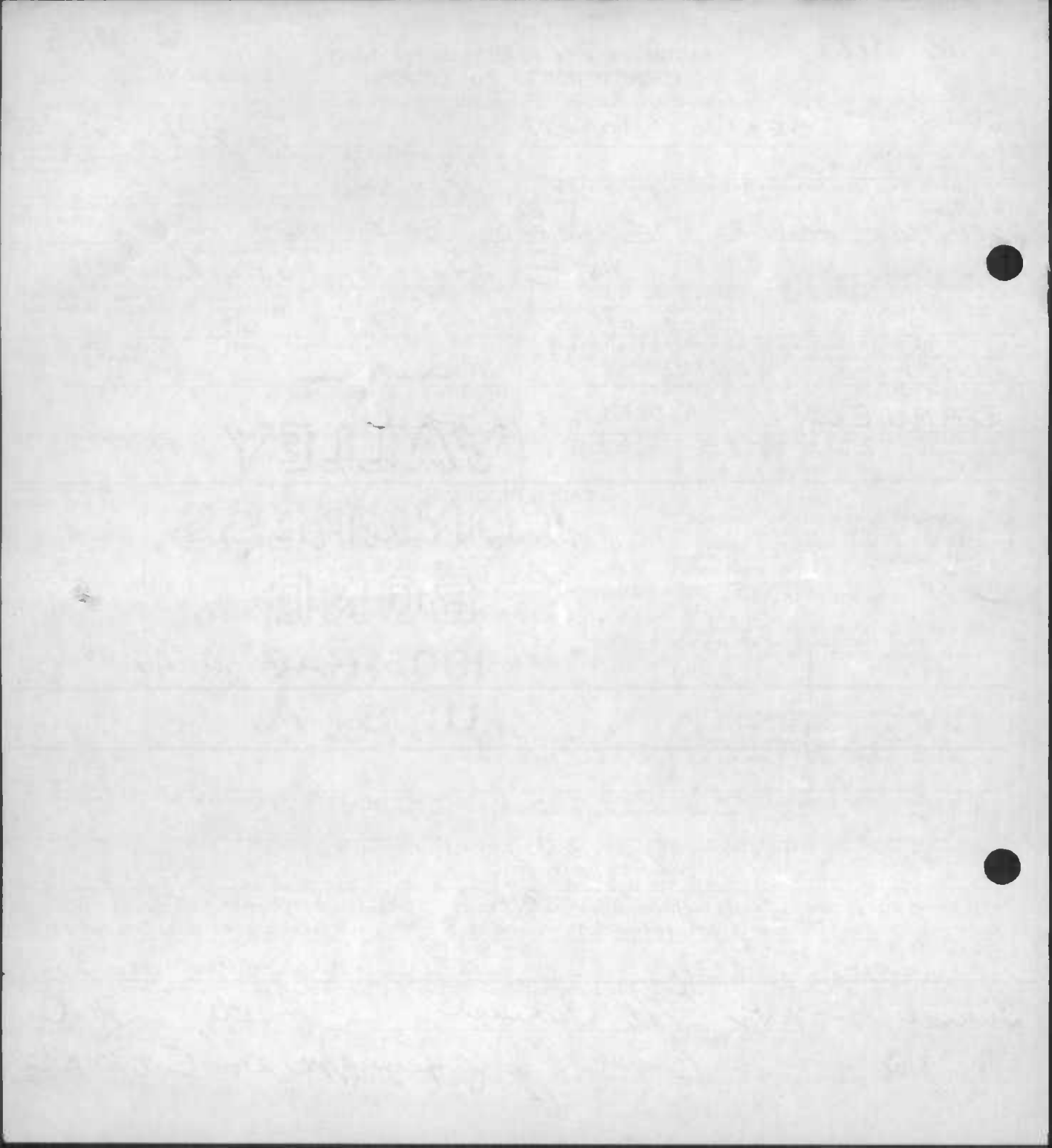
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Cutaw Rd



55
52 0776BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0776
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Silas G. Plowman

2. DATE
OF
DEATH

Jan. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital (DOA)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE

10B. KIND OF BUSINESS OR INDUSTRY

LAUNDRY

13. FATHER'S NAME

Silas Plowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-10-7223

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

27-16

D. STREET ADDRESS, (If rural, give location)

3418 VIRGINIA AVE

8. DATE OF BIRTH

MAR 15, 1887

9. AGE (In years last birthday)

64

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

SARAH SINDALL

17. INFORMANT

ADDRESS

Mrs Alice Plowman

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, J. M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/28/52

24C. NAME OF CEMETERY OR CREMATORY

BAKER'S

24D. LOCATION (City, town, or county)

ABERDEEN Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

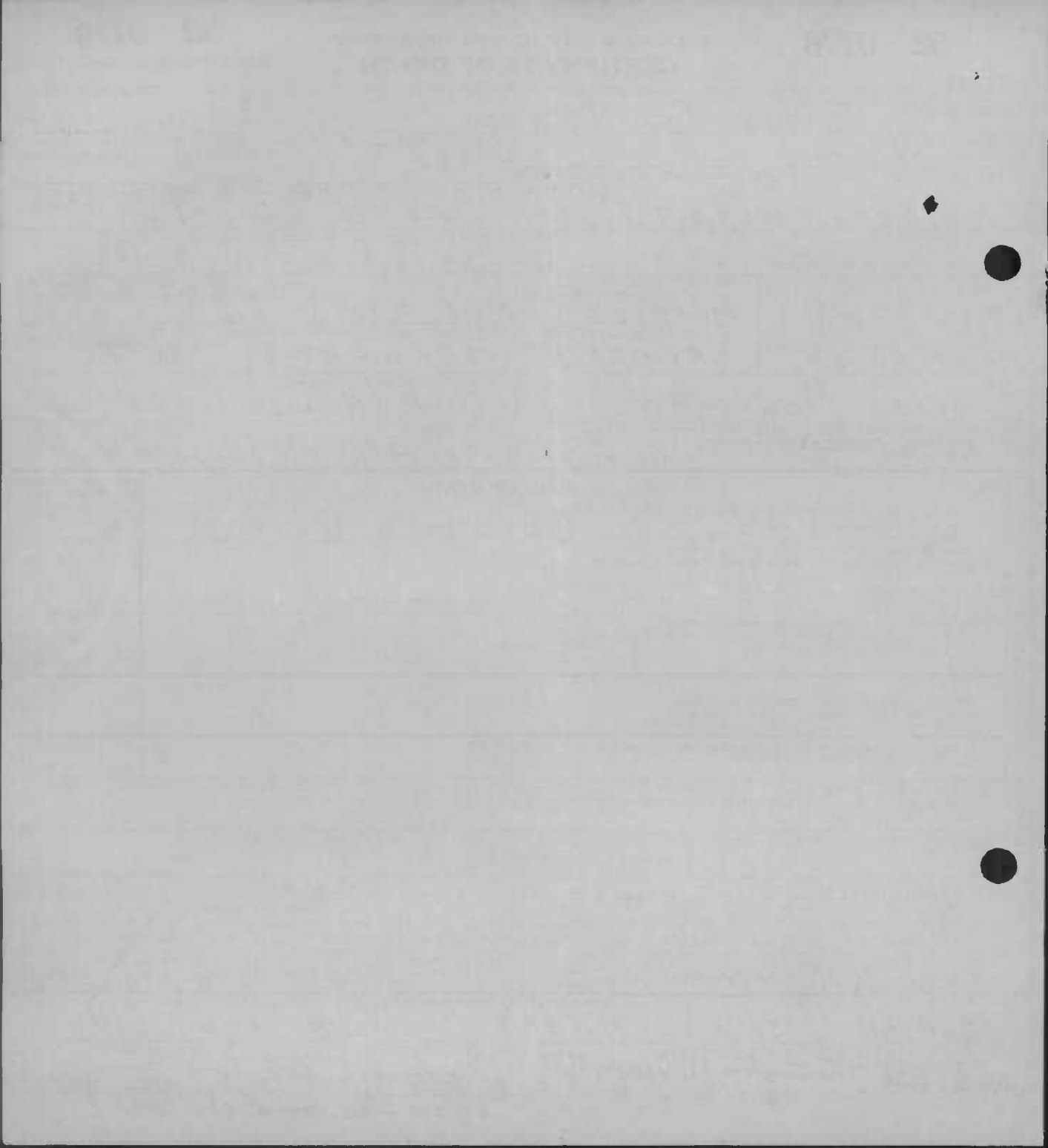
Theodore T. Bleght

ADDRESS

942

VS 151

5548 E 1009 Harford Rd (14)



452
52 0777BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0777
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Erother Leach Williams</i>			2. DATE OF DEATH <i>Jan 27/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1402 Ashland Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>		
D. STREET ADDRESS (If rural, give location) <i>1402 Ashland Ave</i>			Yrs. Mos. Days		
Length of stay in Baltimore <i>28 yrs</i>			5. SEX <i>7</i> 6. COLOR OR RACE <i>C</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>N. C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Russell Leach</i>			14. MOTHER'S MAIDEN NAME <i>Lottie McArthur</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Lottie Leach</i>			ADDRESS <i>1402 Ashland Ave</i>		

18. <i>591X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Chronic Parenchymatous Nephritis (i. u. renal)</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 mos</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <i>Arterio Sclerosis (Arterio Hypertension)</i>	<i>unknown</i>
(C) <i>Arterio Sclerotic</i>	<i>unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>none</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

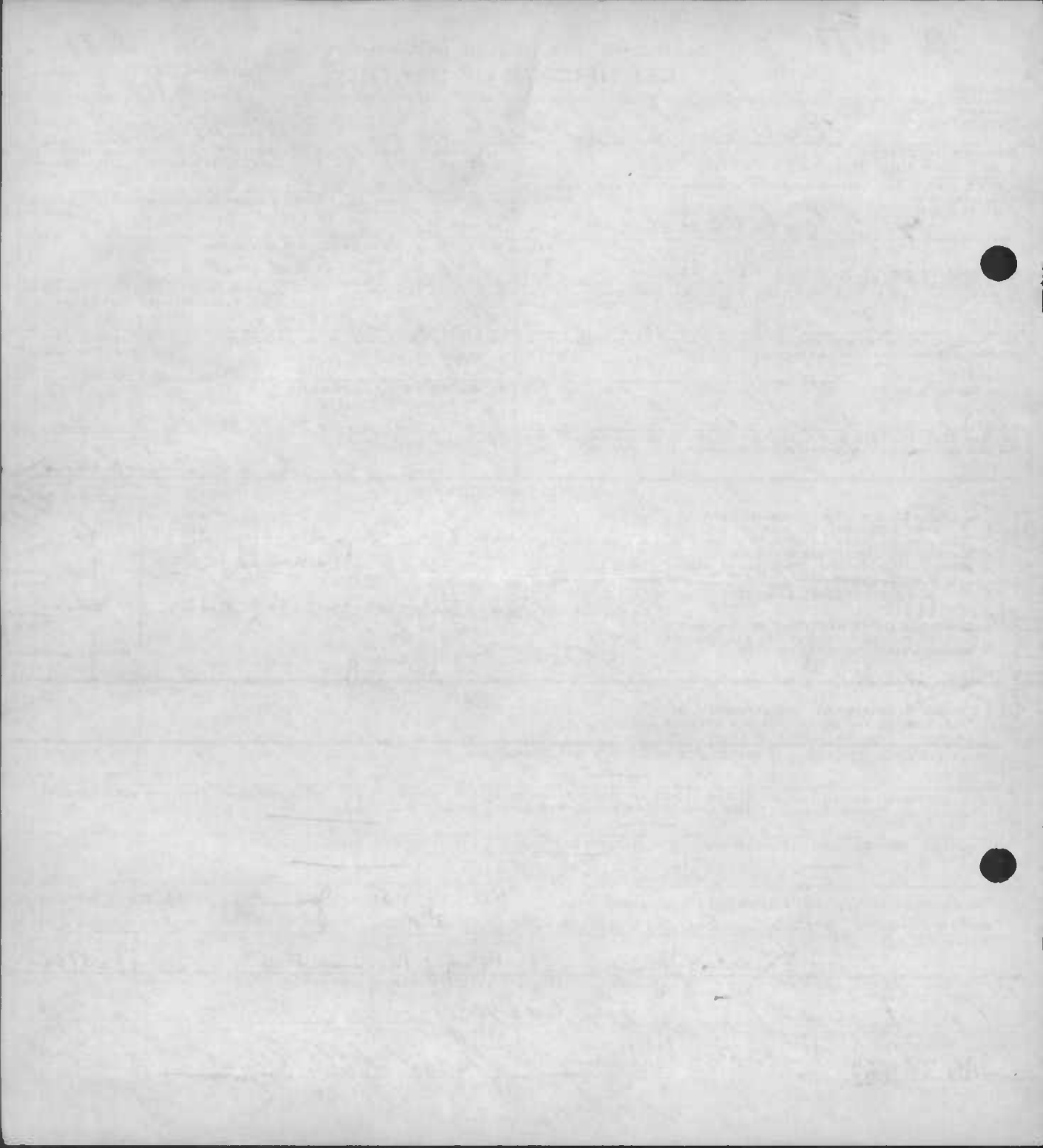
22. I hereby certify that I attended the deceased from *Nov*, 1951, to *Jan 24*, 1952, that I last saw the deceased alive on *Jan 23*, 1952, and that death occurred at *3:00 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE *Ralph J. Young* M. D. 23B. ADDRESS *1429 E Monument St* 23C. DATE SIGNED *1/25/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Jan 27/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Ave</i>	24D. LOCATION (City, town, or county) (State) <i>AA County Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 27 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Walter H. Elliott & Daughters</i>	
VS 150		ADDRESS <i>1247 Caroline St</i>	

7208A

131a



OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of Texas, this 1st day of January, 1901.

123 52 0779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0779
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rea Allen Webster

2. DATE
OF
DEATH

Jan 25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 33 Calvert

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write R.U.N. and give township)

Baltimore 26-54

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1023 Hewitt Way

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10 Under 1 Year
Months Days
11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

Cachexia

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Cerebral palsy

lifetime

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 19, 1952, to Jan 25, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 27 1952

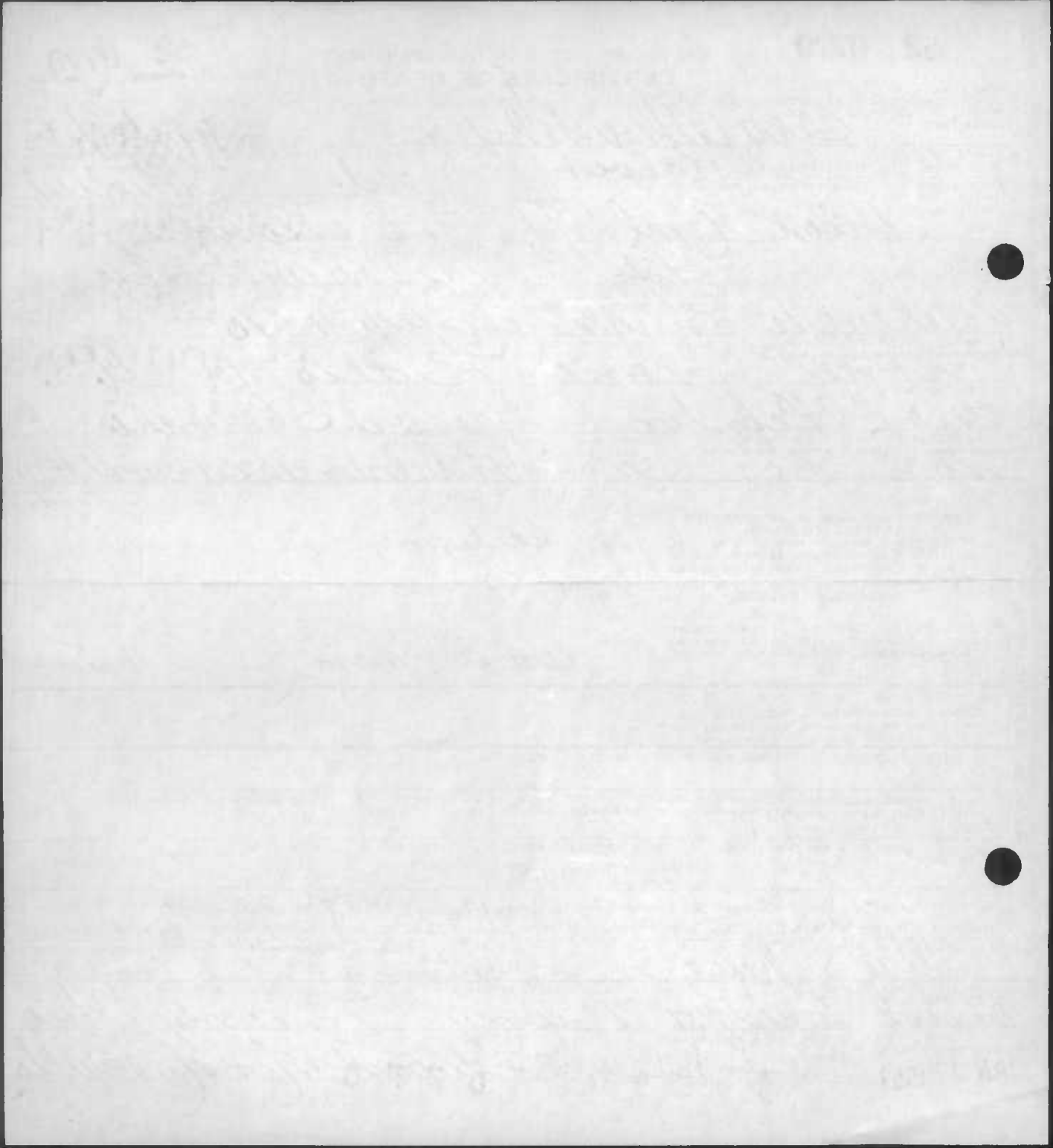
Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Howard Morris, Balto

VS 150

87E

MEDICAL CERTIFICATION



52 0780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0780

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

PILERT

2. DATE
OF
DEATH

Jan. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-01

D. STREET ADDRESS (If rural, give location)

48 Market Place

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Patty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER...
ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR23C. DATE SIGNED
Jan. 7, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

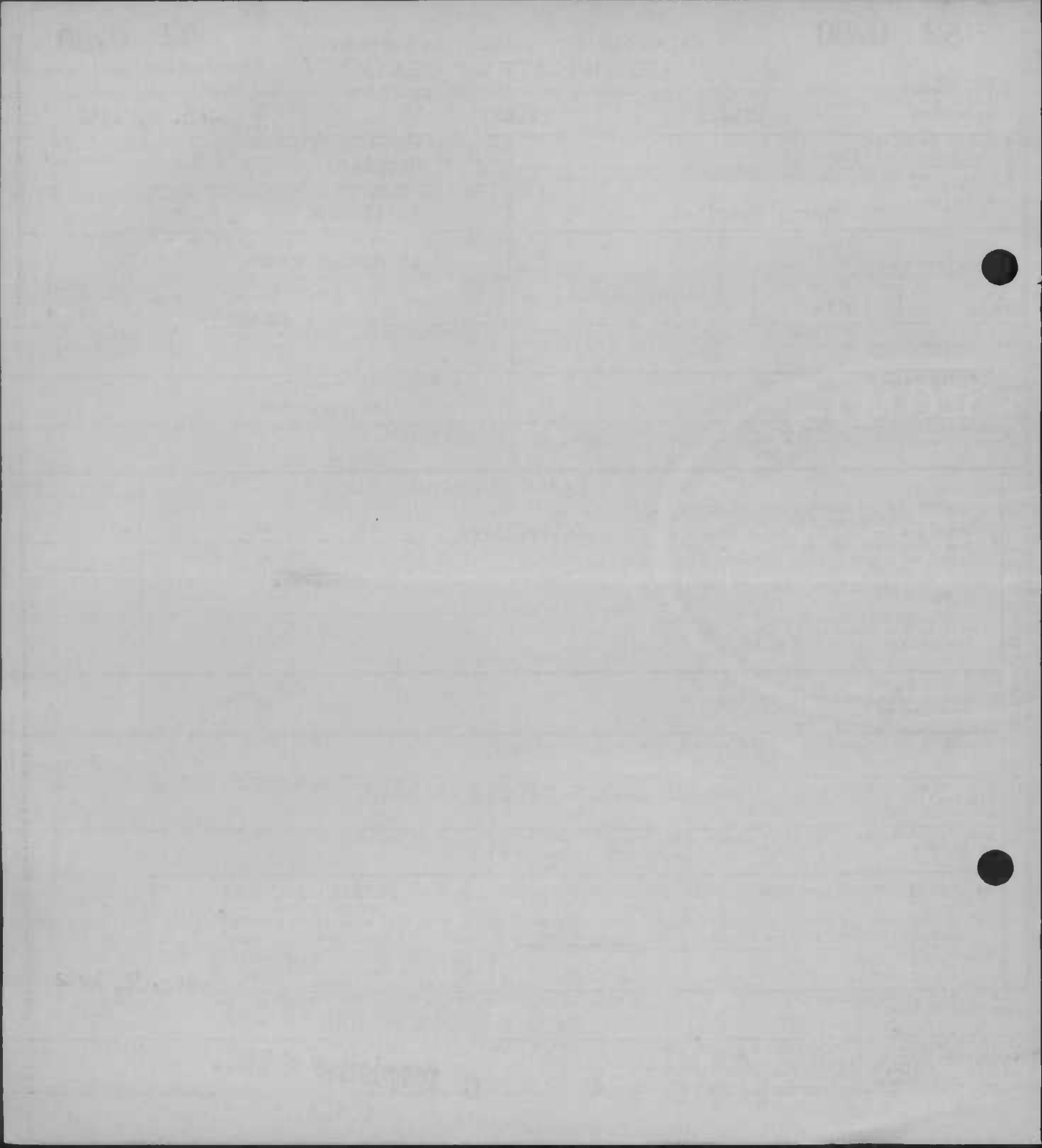
ADDRESS

VS 151

JOHN HOPKINS MEDICAL SCHOOL JAN 15 1952

Commissioner of Health

124B



52 0781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0781
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

MISH

2. DATE
OF
DEATH Jan. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

30 Albemarle Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Months: Days

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Shawyer R. Dunbar

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Jan. 9, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JAN 15 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

1880

50

1880



52 0782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0782

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Annie L. Williams

2. DATE
OF
DEATH

January 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1904 Boone Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1904 Boone Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 4, 1862

9. AGE (In years
last birthday)

89

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Luther M. Williams

14. MOTHER'S MAIDEN NAME

Mary Ann Allison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clara M. Bond 1904 Boone Street

18.

331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Probably cerebral episode
Arteriosclerosis

Senility

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

7 -

5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1952, to Jan 24, 1952, that I last saw the
deceased alive on Jan 23, 1952, and that death occurred at 3:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Freelands, Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 27 1952

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

Dorace F. Burgee

83a

MEDICAL CERTIFICATION

Mr. Harry E. Hyde
1100 G North Ave.
Ber. 1743

52 0783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0783

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE B. BRADY

2. DATE
OF
DEATH

1-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

17 N. FULTON AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

SEPT. 23, 1861

9. AGE (In years,
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALES LADY - RET.

10B. KIND OF BUSINESS OR
INDUSTRY

DEPARTMENT STORE

13. FATHER'S NAME

JAMES H. BRADY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Thomas D. Murphy - 17 N. Fulton Ave.

18.

443X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myo-carditis; Auricular fibrillation;
HypertensionINTERVAL BETWEEN
ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec./51, 19, to Jan./52, 19, that I last saw the
deceased alive on 1-23-52, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

1945 W. Baltimore Street

1-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-28-52

Cathedral Cew.

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 27 1952

Huntington Williams, M.D.

George R. Foley, 17 N. Fulton Ave & Fayette St

VS 150

937

MEDICAL CERTIFICATION

UNITED STATES
NAVY
OFFICE OF THE SECRETARY
WASHINGTON, D. C.
20340

52 0784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0784
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

STEELE

2. DATE
OF
DEATH

January 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

721 W. Lexington Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

27

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

~~EMACIATION~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Emaciation

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 27 1952

Huntington Williams, M.D.

0703

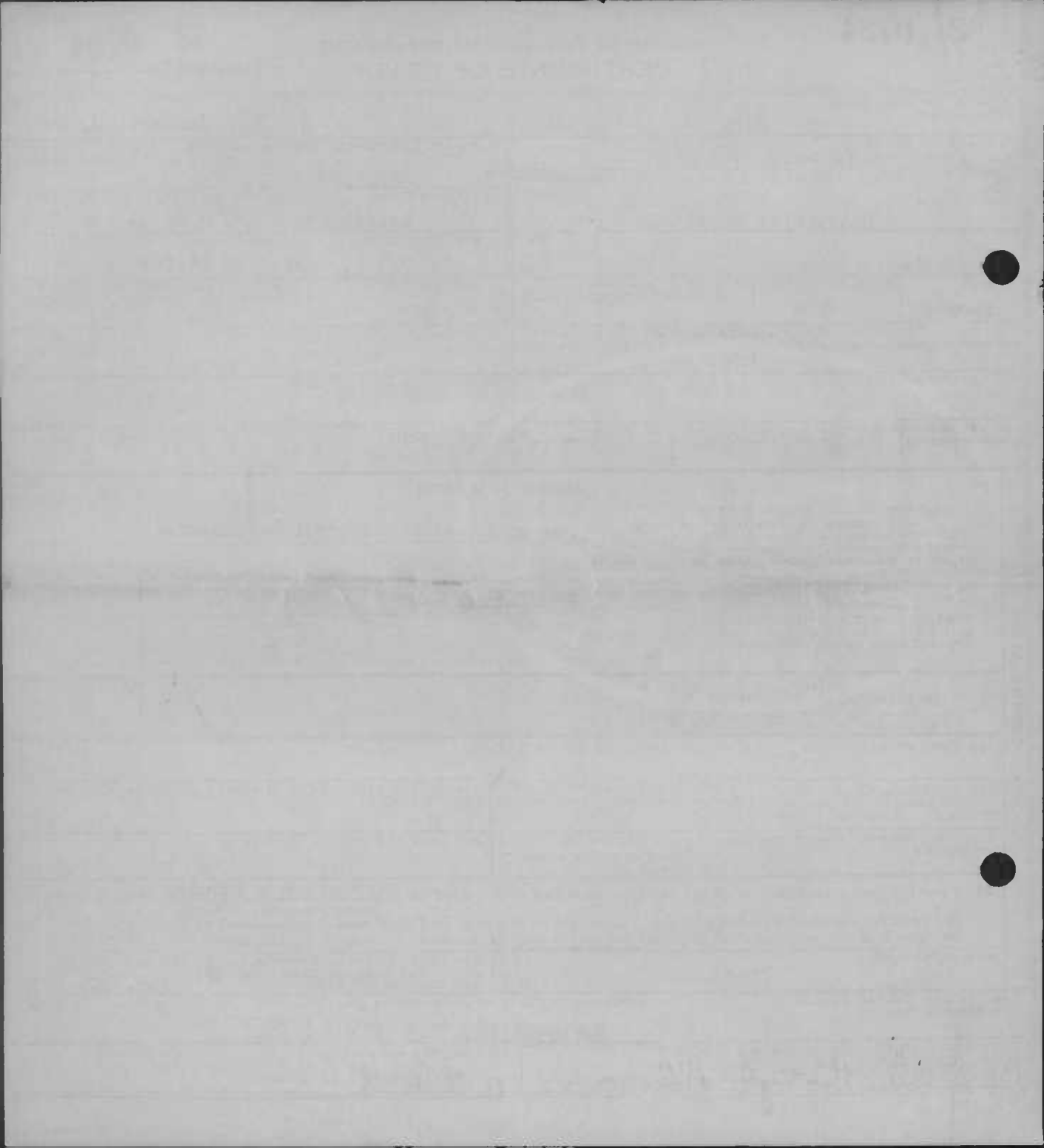
VS 151

JOHN HOPKINS MEDICAL SCHOOL JAN 15 1952

Commissioner of Health

13B

MEDICAL CERTIFICATION



52 0785
520BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0785

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		FRANK R. YOUNG		2. DATE OF DEATH January 10, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
Length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) 5 N. Exeter Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday) 70 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. E9160 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Second and third degree burns of face, trunk, and upper and lower extremities ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Second and third degree burns of face, trunk, and upper and lower extremities (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5 N. Exeter Street 511	
21d. TIME (Month) (Day) (Year) (Hour) Jan. 9, 1952 4:30 P. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Smoking in bed, and bed caught fire	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William W. Wood		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23c. DATE SIGNED Jan. 10, 1952	

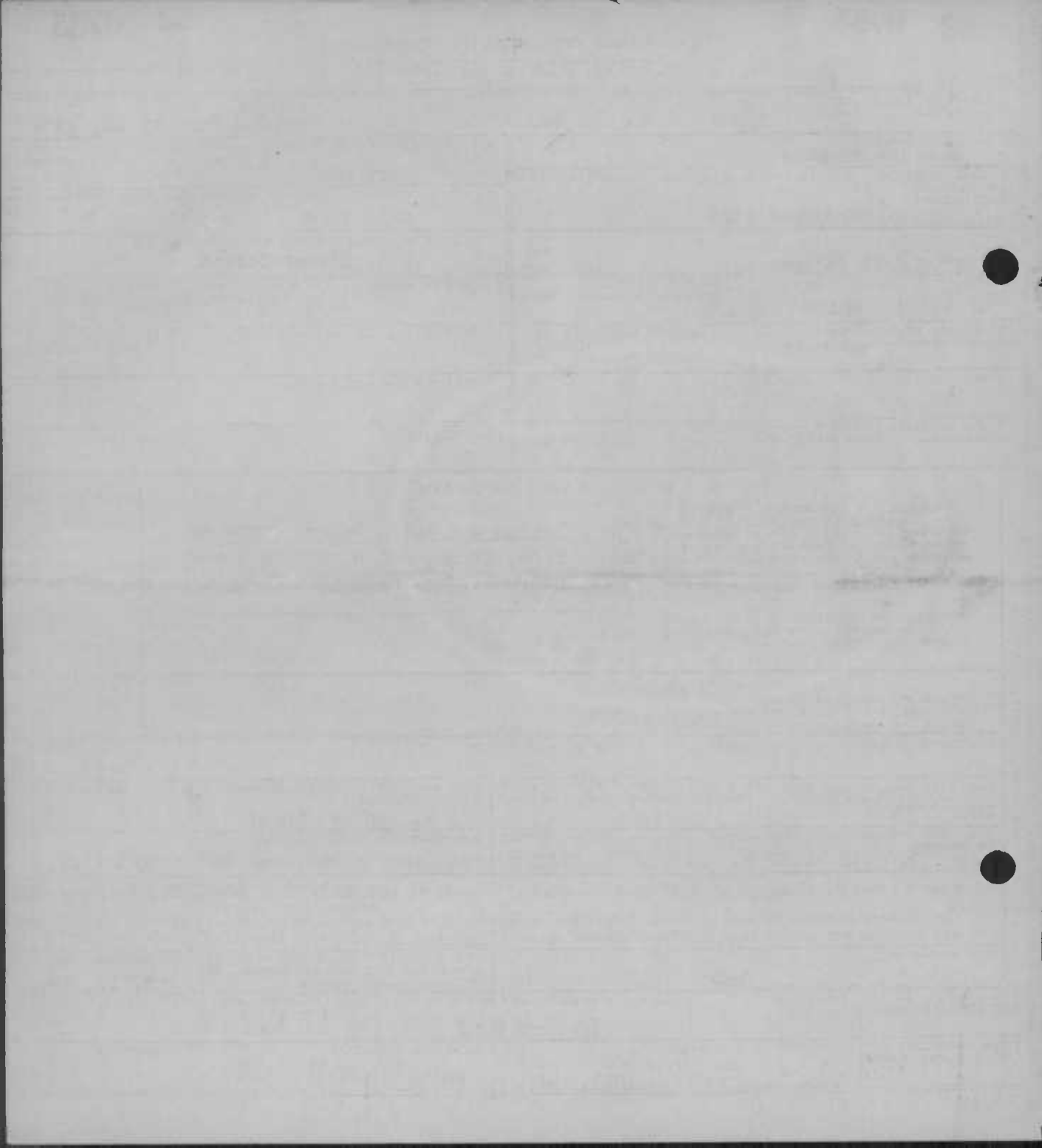
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	

VS 151

N-948-2

0784

181



416
52 0786BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0786
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET M. HELFRICH

2. DATE
OF
DEATH

January 24, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 601 S. Bouldin St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-11D. STREET ADDRESS (If rural, give location)
601 S. Bouldin St.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

May 11, 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Erhardt

14. MOTHER'S MAIDEN NAME

Anna Concanon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Wetters 601 S. Bouldin St.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cordis Vasculi Disease
Diabetes Generalized arterio-
sclerosis

2 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1951 to 1/24, 1952, that I last saw the
deceased alive on 1/23/1952 and that death occurred at 11:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

January 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

7401 German Hill Rd. Balto Co.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

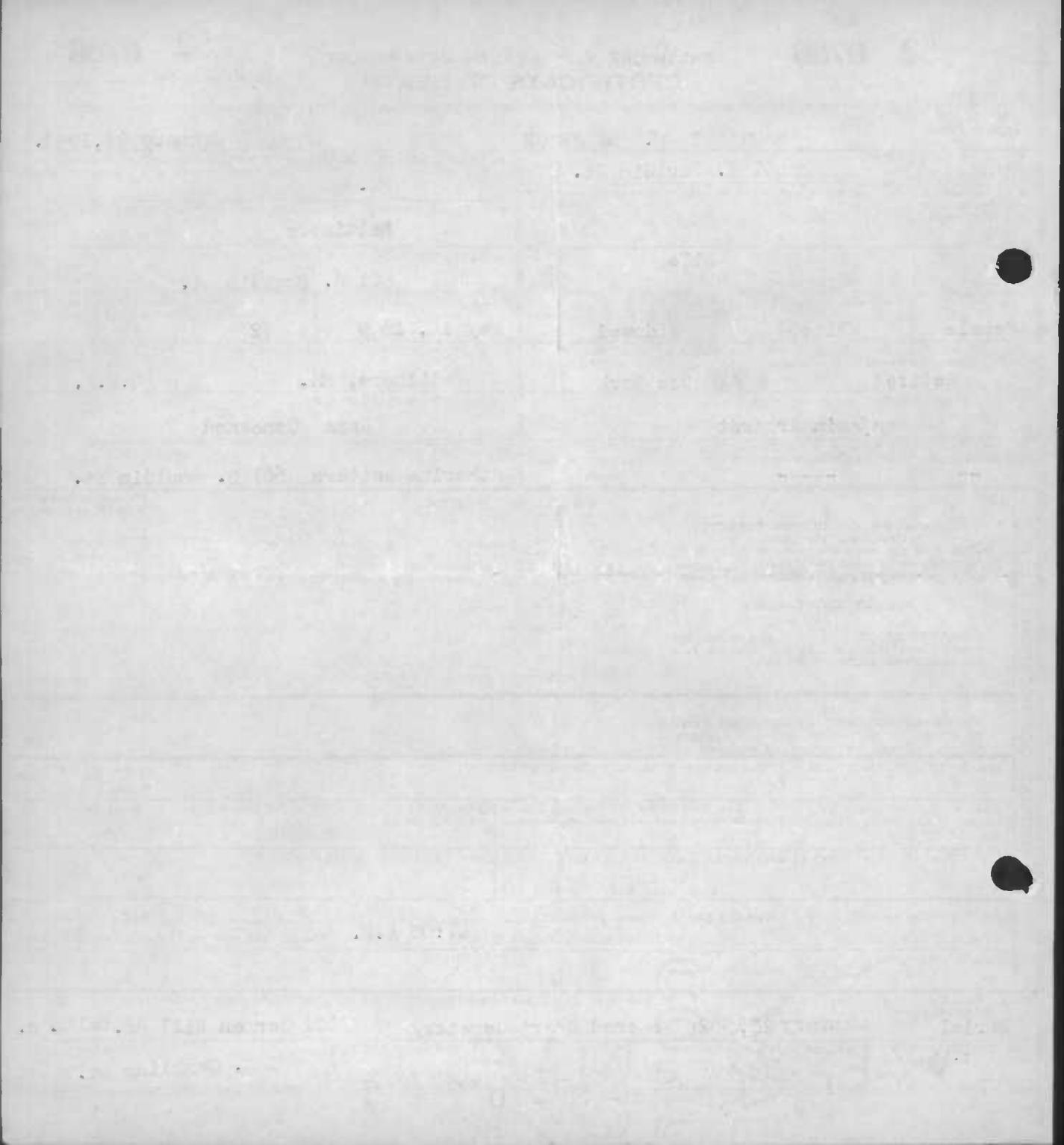
ADDRESS

JAN 28 1952

Huntington Williams, M.D.

Charles S. Seiler

901 S. Conkling St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thurma Ethel Mc Neil</i>			2. DATE OF DEATH <i>1-26-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore Maryland</i> B. COUNTY <i>Essex</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. LENGTH OF STAY IN BALTIMORE <i>?</i>			D. STREET ADDRESS (If rural, give location) <i>824 Donsey Ave. 5200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>5-19-1898</i>	9. AGE (in years last birthday) <i>53</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None given</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		
11. BIRTHPLACE (State or foreign country) <i>Winston Salem N.C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		
13. FATHER'S NAME <i>MARTIN YORK</i>			14. MOTHER'S MAIDEN NAME <i>SARRAH WILLIAM</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>—</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>Deceased</i>			ADDRESS		

18. *199.1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *Carcinomatosis, Abdominal*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
MORE THAN 7 MOS.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Primary site undetermined*
DUE TO
(C) *—*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

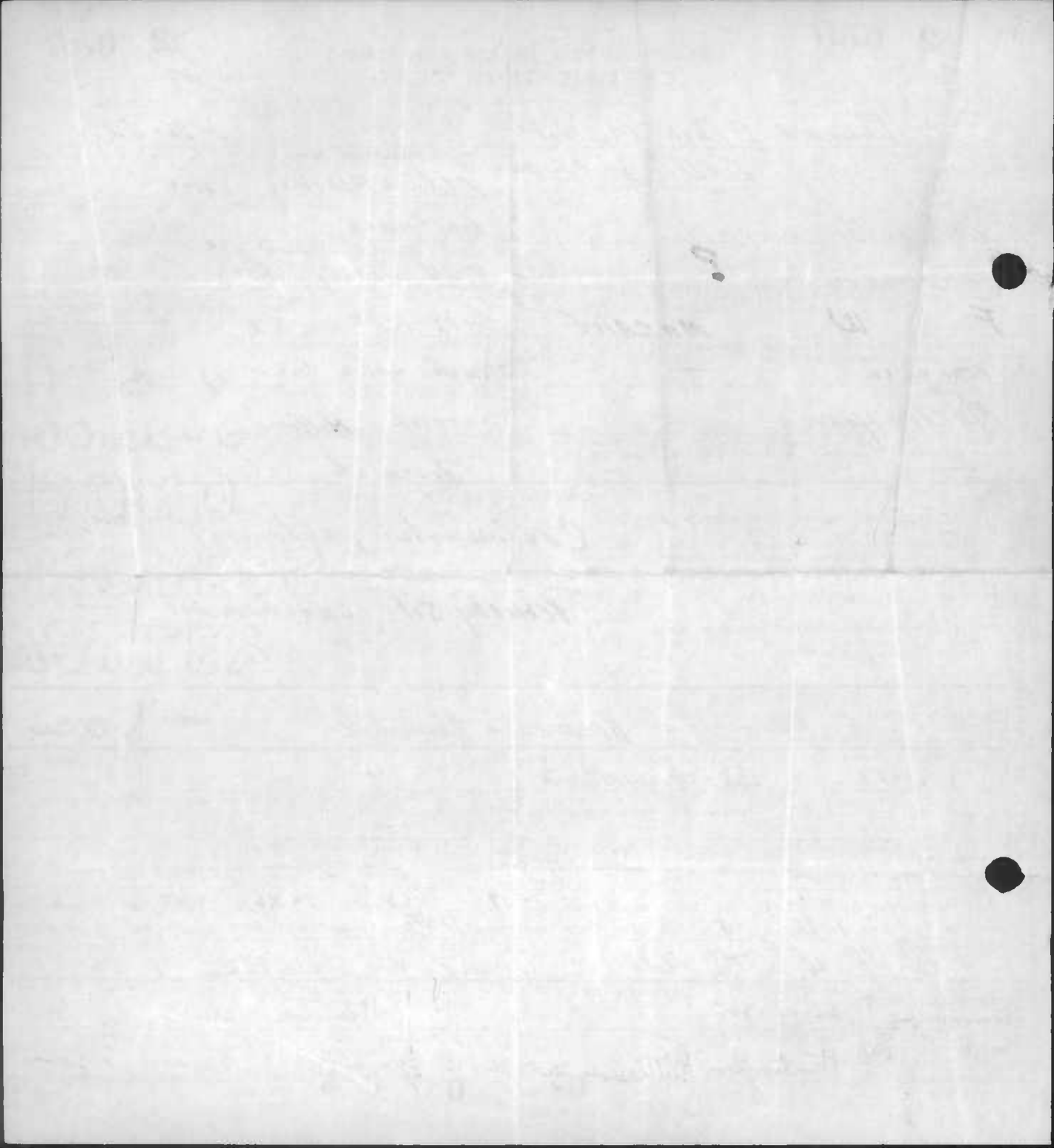
*Hemic - terminal**1-2 wks.*

19A. DATE OF OPERATION <i>9-26-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>abd - carcinomatosis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>—</i>	

22. I hereby certify that I attended the deceased from *1-19*, 19*52*, to *1-26*, 19*52*, that I last saw the deceased alive on *1-26*, 19*52*, and that death occurred at *11:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE *Quincy A. Smith, M.D.* M. D. *Hosp. for the Women of Md* 23B. ADDRESS
23C. DATE SIGNED *1-26-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Jan. 27-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Winston-Salem N. C.</i>		24D. LOCATION (City, town, or county) (State) <i>Winston-Salem N. C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John S. Connolly</i>		ADDRESS <i>Essex Md</i>	



513
52 0788COMPTON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0788
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Cook Compton

2. DATE
OF
DEATH

1/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3523 Newland Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

13. FATHER'S NAME

John Cook

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Susan Whitt.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Neild address

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

~~A.S.C.H.D.~~ Arteriosclerosis
cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26/52, 19__, to 1/26/52, 19__, that I last saw the
deceased alive on 1/26/52, 19__, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harvey S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/28/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

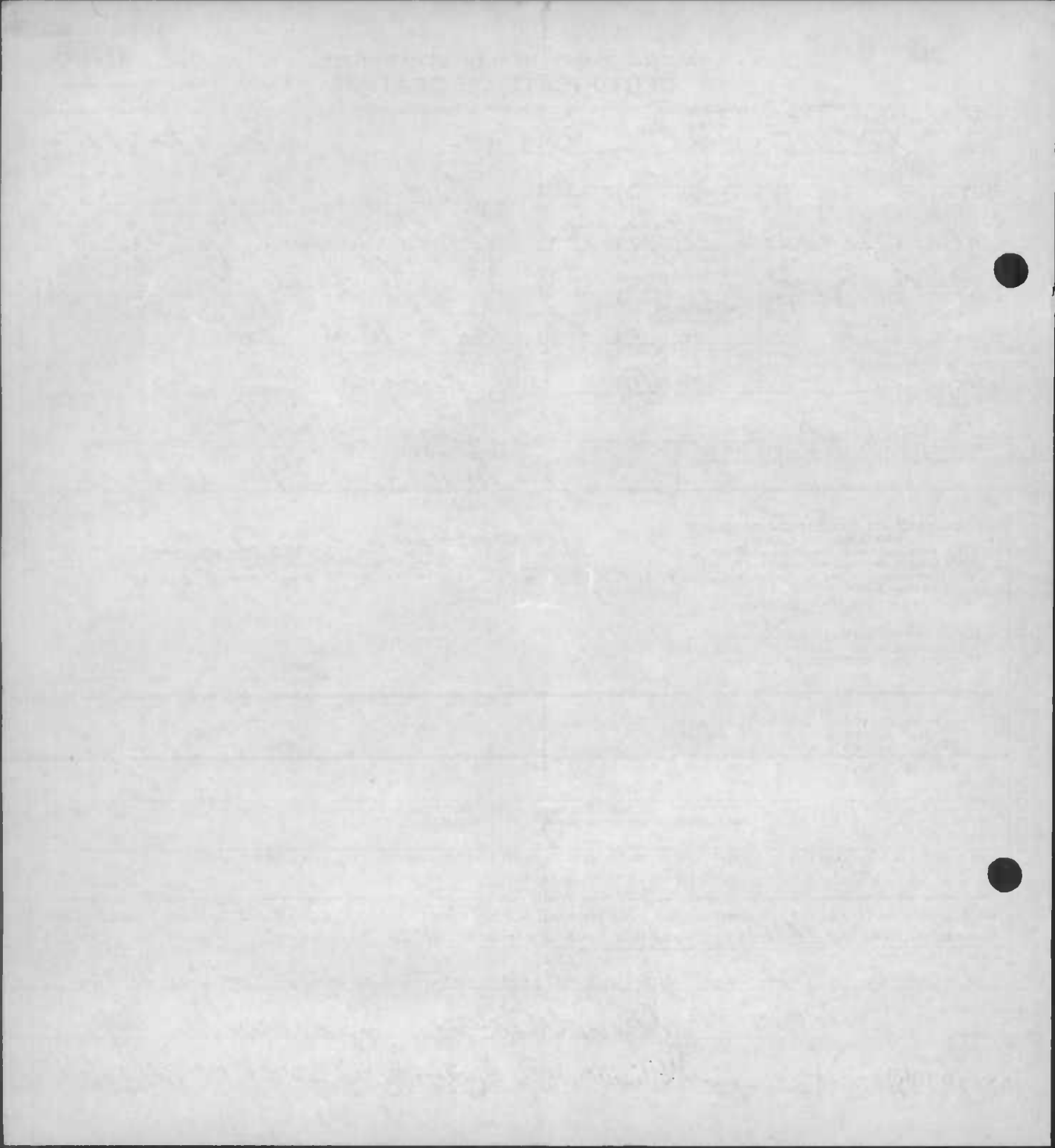
25. FUNERAL DIRECTOR

William J. Dickman 10th Ave

JAN 28 1952

VS 150

937



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STAFFORD M. CRAWLEY

2. DATE
OF
DEATH

Jan. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2001 Callow Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

13-02

D. STREET ADDRESS (If rural, give location)

2001 Callow Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 18, 1894

9. AGE (In years)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Shoes (retail)

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Crawley

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary A. Crawley - 2001 Callow Ave.

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Carcinomatous

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

adenocarcinoma of stomach

2 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1950 to Jan 25, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/28/52

Spesutia

Harford Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

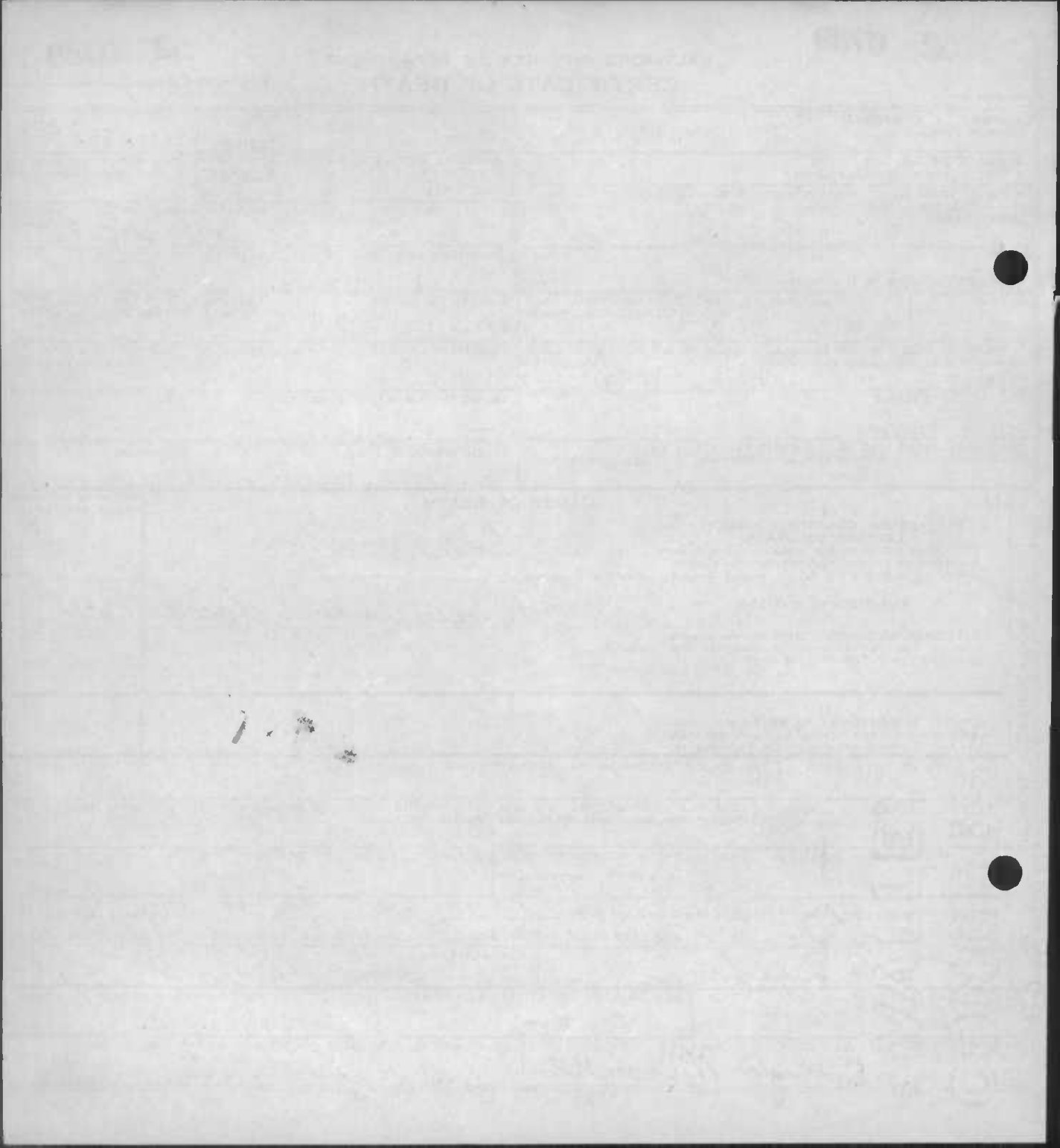
Wm. Lachner & Sons - Baltimore, Md.

VS 150

4906F

46B

MEDICAL CERTIFICATION



52 0790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0790
Registered No.

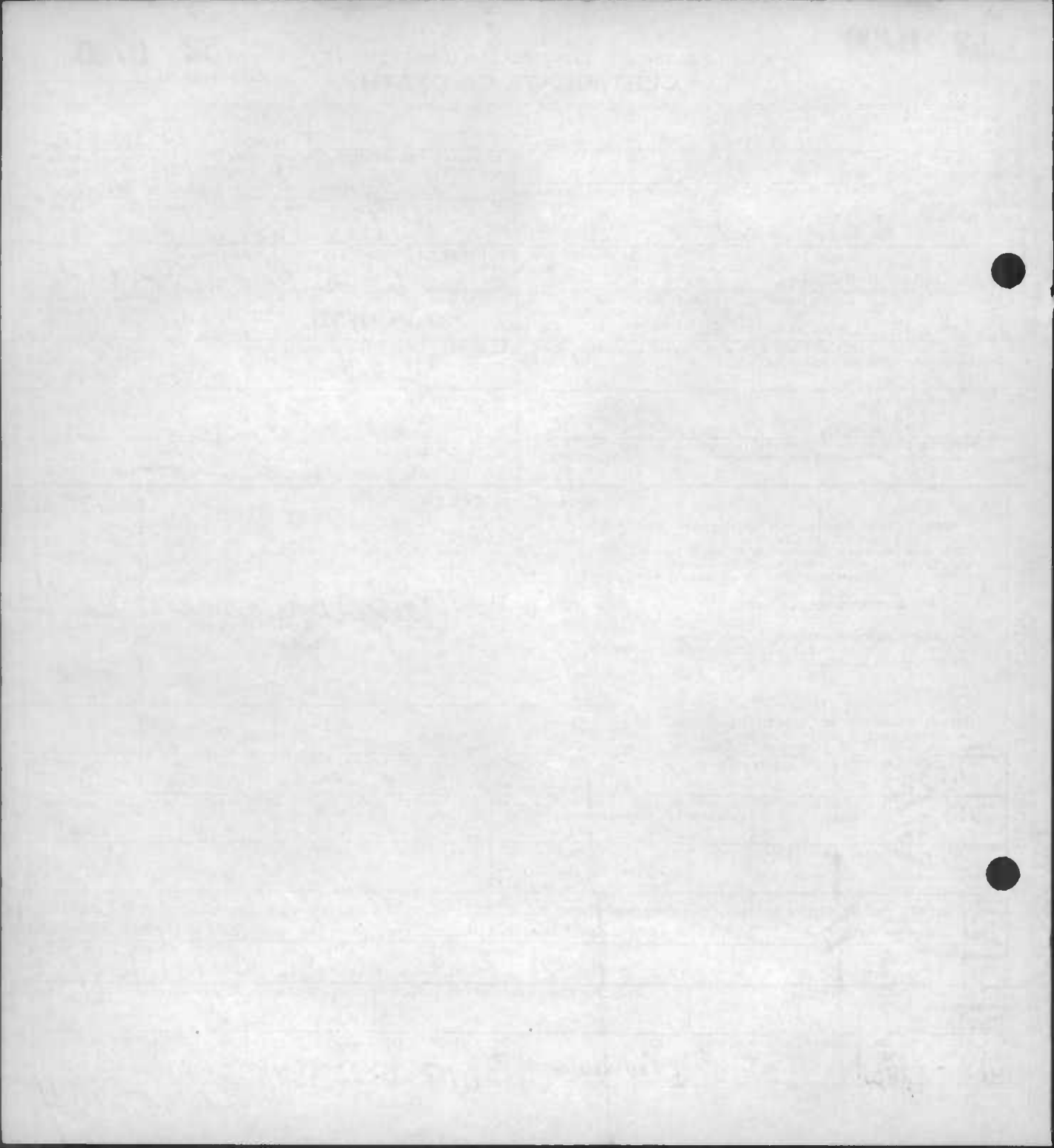
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH C. LEAGUE		2. DATE OF DEATH 1/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY White Marsh	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) White Marsh	
Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) Bird River Grove Rd	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 11, 1871
9. AGE (In years, last birthday) 72 1/2		9. AGE (In years, last birthday) Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME John Skinner		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Rose Kirkwood	
15. SOCIAL SECURITY NO.		16. INFORMANT husband	
17. ADDRESS			

18. 155X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hepatoma	1 month
ANTECEDENT CAUSES	(B) Primary	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9/26/51	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9/25/51 , 19 51 , to 1/25/52 , 19 52 , that I last saw the deceased alive on 1/25 , 19 52 , and that death occurred at 5:30 a.m., from the causes and on the date stated above.		
23A. SIGNATURE Anthony C. Verone, M.D.	23B. ADDRESS Maryland Gen. Hosp	23C. DATE SIGNED 1/25/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/29/52	24C. NAME OF CEMETERY OR CREMATORY Western Cem.
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		

DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. J. Glickens & Sons	ADDRESS Balto 17, Md.
--	---	--	---------------------------------



52 0791

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

52 0791

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THEODORE PARKER

2. DATE
OF
DEATH

JAN 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

9-04

D. STREET ADDRESS (If rural, give location)

2811 GREEN MOUNT AVE.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Aug. 19, 1910

9. AGE (in years
last birthday)

41

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

STATE COLLEGE, PA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH PARKER

14. MOTHER'S MAIDEN NAME

LOUELLA KERSTETTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Koch FUNERAL HOME - STATE COLLEGE, Pa.

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) FRACTURE OF NECK

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) MULTIPLE FRACTURES OF

DUE TO

LEGS

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

GREENMOUNT AVE near

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan 26 1952 10:05 pm

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/28/52

24C. NAME OF CEMETERY OR CREMATORY

PINE HALL

24D. LOCATION (City, town, or county)

STATE COLLEGE PA.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 28 1952

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

26 Mr. J. O. Tickner & Sons

ADDRESS

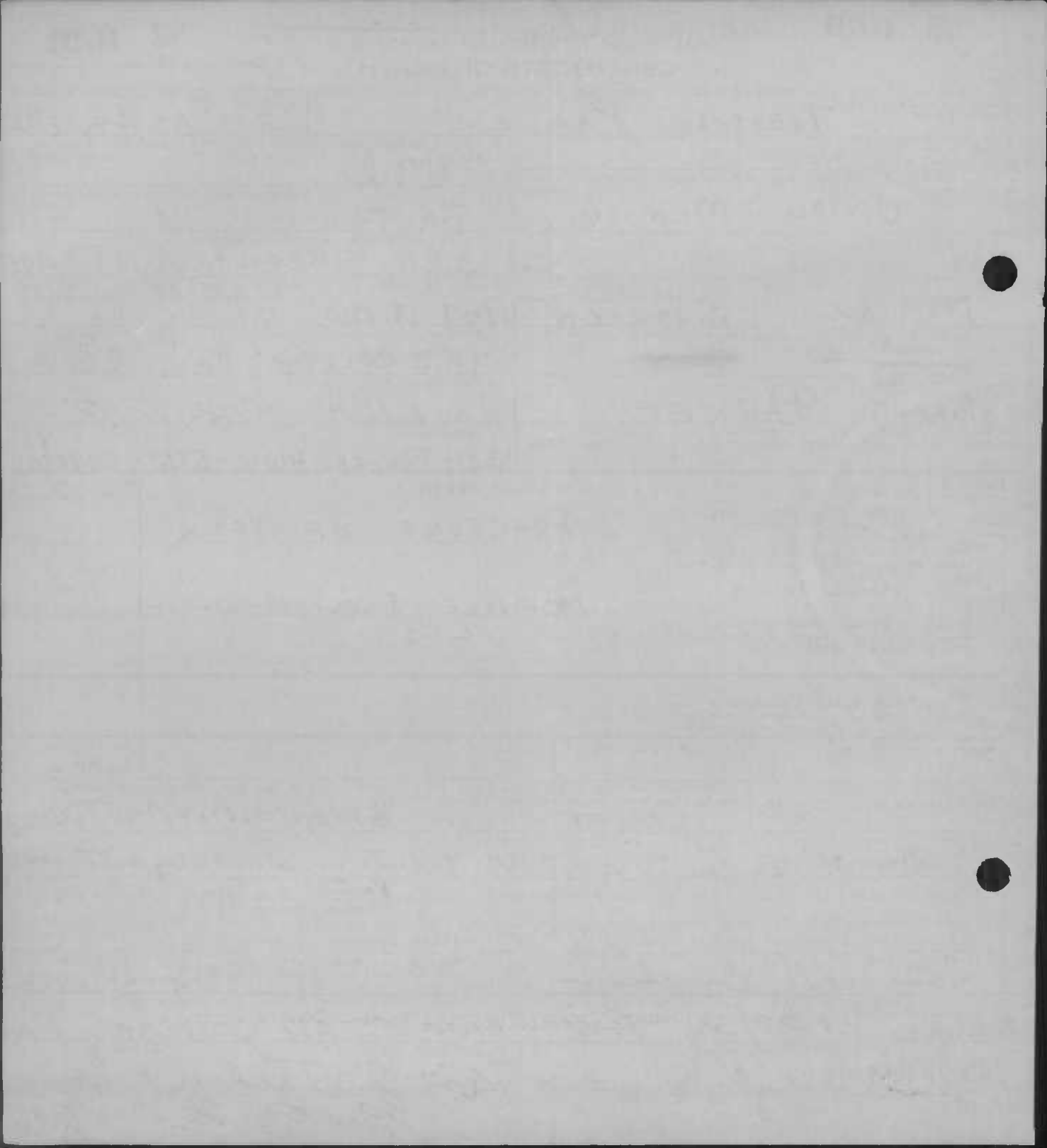
1700 Balto., Md

RSB

VS 151

N 80-5.0

MEDICAL CERTIFICATION



52 0792

VMC-133268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0792
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mattie E. Crawford

2. DATE
OF
DEATH

1-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals 4940 Eastern Ave.

Length of stay in Baltimore

4 Yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 5 1871

9. AGE (In years,
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Myres

14. MOTHER'S MAIDEN NAME

Mattie Rafter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
Records: Baltimore City Hospitals
4940 Eastern Avenue

1B. 42011 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Infarction

DUE TO

1 Week

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7-, 1949, to 1-27-, 1952, that I last saw the
deceased alive on 1-27-, 1952, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

P. B. Eagen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Zion's P. B. Eagen W. Va.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

VS 150

2503 Edmondson 94a

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

52 0793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0793
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHESTER NELSON SHERMAN, JR.

2. DATE
OF
DEATH

Jan. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-07

D. STREET ADDRESS (If rural, give location)

2903 Miles Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12/14/43

9. AGE (In years
last birthday)

8

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Chester Sherman Sr.

14. MOTHER'S MAIDEN NAME

Betty Lee Tracy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Records- US PHS HOSPITAL, Balto, Md.

18. 204.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute leukemia

DUE TO

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage

DUE TO

8 hrs.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952, to Jan. 24, 1952, that I last saw the deceased alive on Jan. 24, 1952, and that death occurred at 3:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

1/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. CLINICAL DIRECTOR OF CEMETERY OR CREMATORY

1/28/52

LORRAINE PARK

24D. LOCATION (City, town, or county) (State)

WINDSOR MILL RD.

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

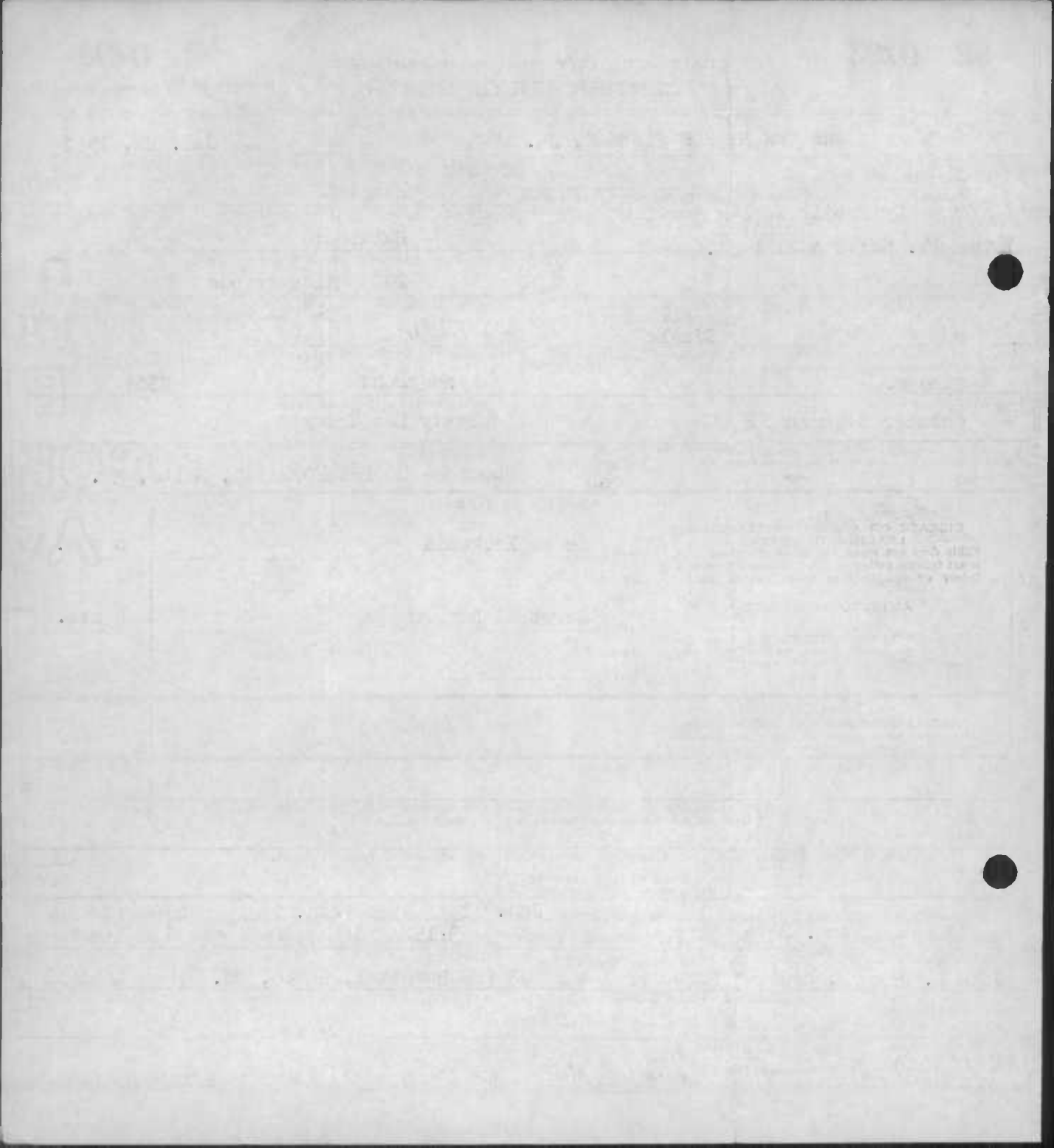
JAN 28 1952

R. DE. CHENOWETH JR 3615-17 CHESTNUT AVE.

VS 150

740

MEDICAL CERTIFICATION



52 0794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0794
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Cook Jr.</i>			2. DATE OF DEATH <i>1-25-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Dor Welta Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-05</i>		
D. STREET ADDRESS (If rural, give location) <i>1515 - 5 - Taggart</i>			E. LENGTH OF STAY IN BALTIMORE <i>40</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>—</i>	8. DATE OF BIRTH <i>Jan 10, 1880</i>		9. AGE (In years last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labr</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S. A</i>
13. FATHER'S NAME <i>William Cook</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs E Williams 2101 Cold Spring Lane</i>		

18. <i>442X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Renal</i>	CAUSE OF DEATH (A) <i>Cardio Vascular Renal</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) <i>Renal</i> DUE TO	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-23-*, 19*52* to *1-25-*, 19*52* that I last saw the deceased alive on *1-25-*, 19*52*, and that death occurred at *10* m., from the causes and on the date stated above.

23A. SIGNATURE <i>M. T. Laeken</i>	23B. ADDRESS <i>600 N. Huntington</i>	23C. DATE SIGNED <i>1-26-52</i>
---------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-29-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Ceme</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore City and</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 28 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>J. G. Long</i>	ADDRESS <i>661 W. Bunk St</i>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL CENTER FOR HUMAN GENETICS

10/1/78

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10/1/78

10/1/78

52 0795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0795

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George John REED

2. DATE
OF
DEATH

JAN 25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-2

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

6. Length of stay in Baltimore

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

3-01

D. STREET ADDRESS (If rural, give location)

13 S. BOND ST.

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

2-29-1892

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Gibb Packing Co

11. BIRTHPLACE (State or foreign country)

Jamaica B.W.I.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) bronchial obstruction
DUE TO

5 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) pneumococcal lobar pneumonia
DUE TO
(C)

10 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.atherosclerotic & hypertensive
cardiovascular disease

5 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20-1952 to 1-25-1952, that I last saw the
deceased alive on 1-25-1952, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Johns

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

25 Jan 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-29-52

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary

24D. LOCATION (City, town, or county)

Q. A. County, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Joseph B. Roche, Jr. 1304 N. Calver St.

ADDRESS

JAN 28 1952

1870-71

Journal of the

1871-72

of the

1872-73

1873-74

1874-75

1875-76

1876-77

1877-78

1878-79

1879-80

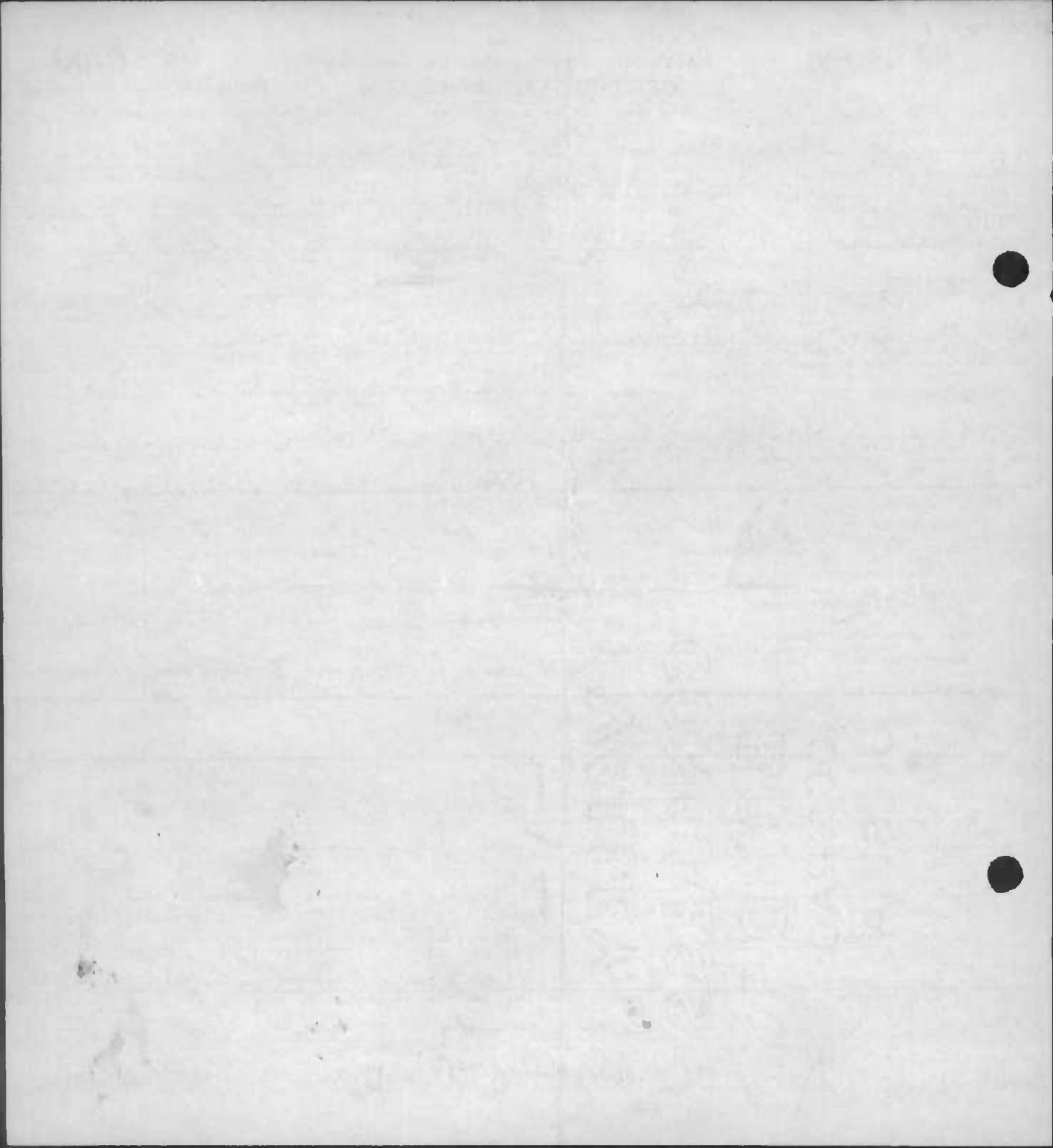
1880-81

1881-82

1882-83

1883-84

1884-85



651
52 0797BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0797
Registered No.

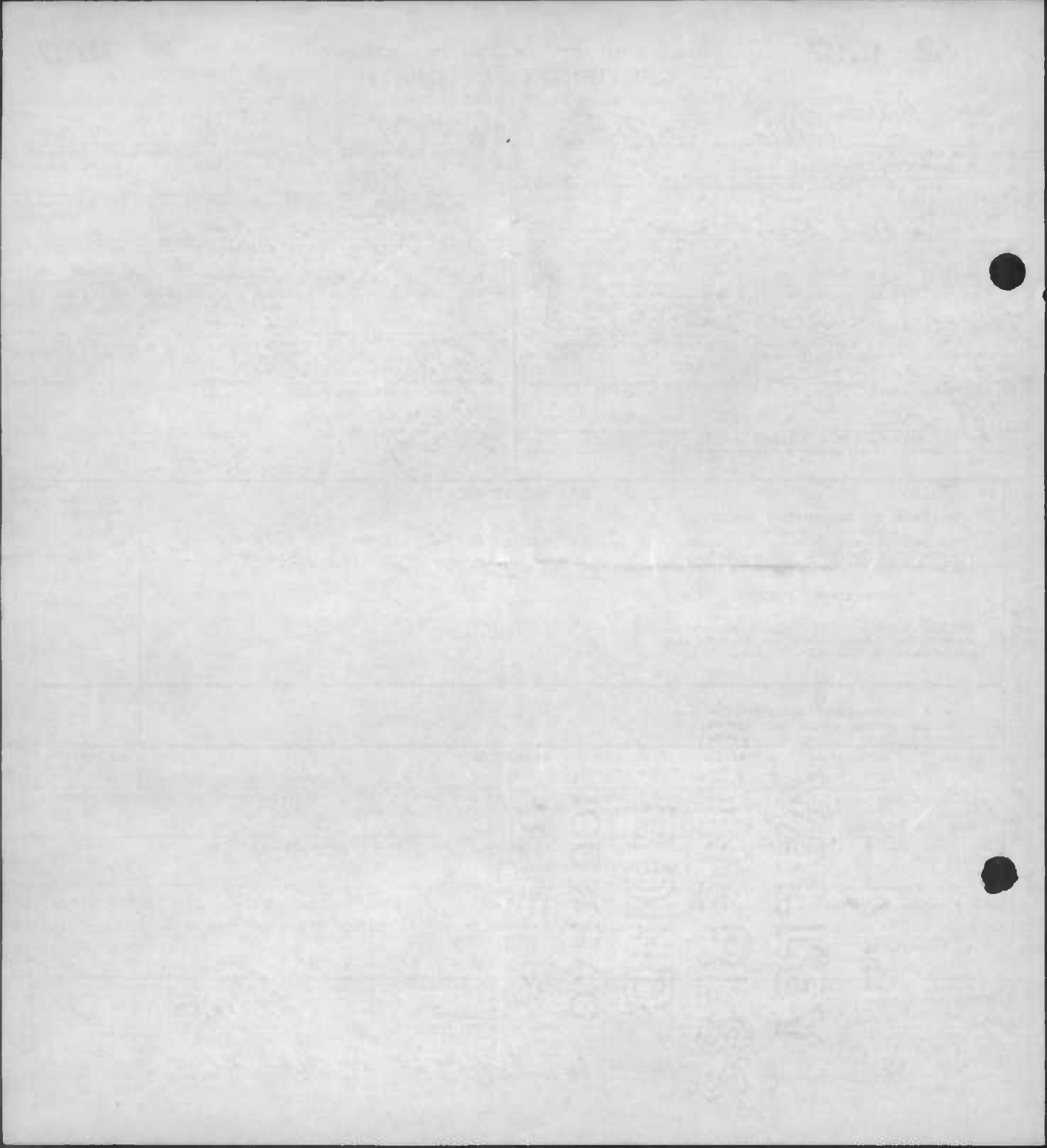
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANN GREENBLATT		2. DATE OF DEATH 1-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 13-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2407 Linden Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2407 Linden Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto Md
13. FATHER'S NAME Max		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT David Greenblatt - Same		ADDRESS	

18. 154x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Adeno carcinoma of rectum DUE TO (B) DUE TO (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH approx 2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Mar 1951	19B. MAJOR FINDINGS OF OPERATION adenocarcinoma of rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1951 , 1951, to Jan 27 , 1952, that I last saw the deceased alive on Jan 26 , 1952, and that death occurred at 9:21 m., from the causes and on the date stated above.		
23A. SIGNATURE Michael Brinkman	23B. ADDRESS 1300 Eutaw Pl	23C. DATE SIGNED 1-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-28-52	24C. NAME OF CEMETERY OR CREMATORY Arlington	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR AN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutaw Pl



100

52 0798

CERTIFICATE CORRECTED 2-1-52

BALTIMORE CITY HEALTH DEPARTMENT

52 0798

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN M. LEVY

2. DATE
OF
DEATH

1-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-09

C. Length of stay in Baltimore

50

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4010 Carleile Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during usual working life even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Levy

14. MOTHER'S MAIDEN NAME

Bessie?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

JNK

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH18. 451X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Hemorrhage from
Erosion of Aortic aneurysmII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1952 to 1-26, 1952 that I last saw the
deceased alive on 1-26, 1952 and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. H. H. Sheen M.D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

1-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-28-52

24C. NAME OF CEMETERY OR CREMATORY

Beth T. Felch

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

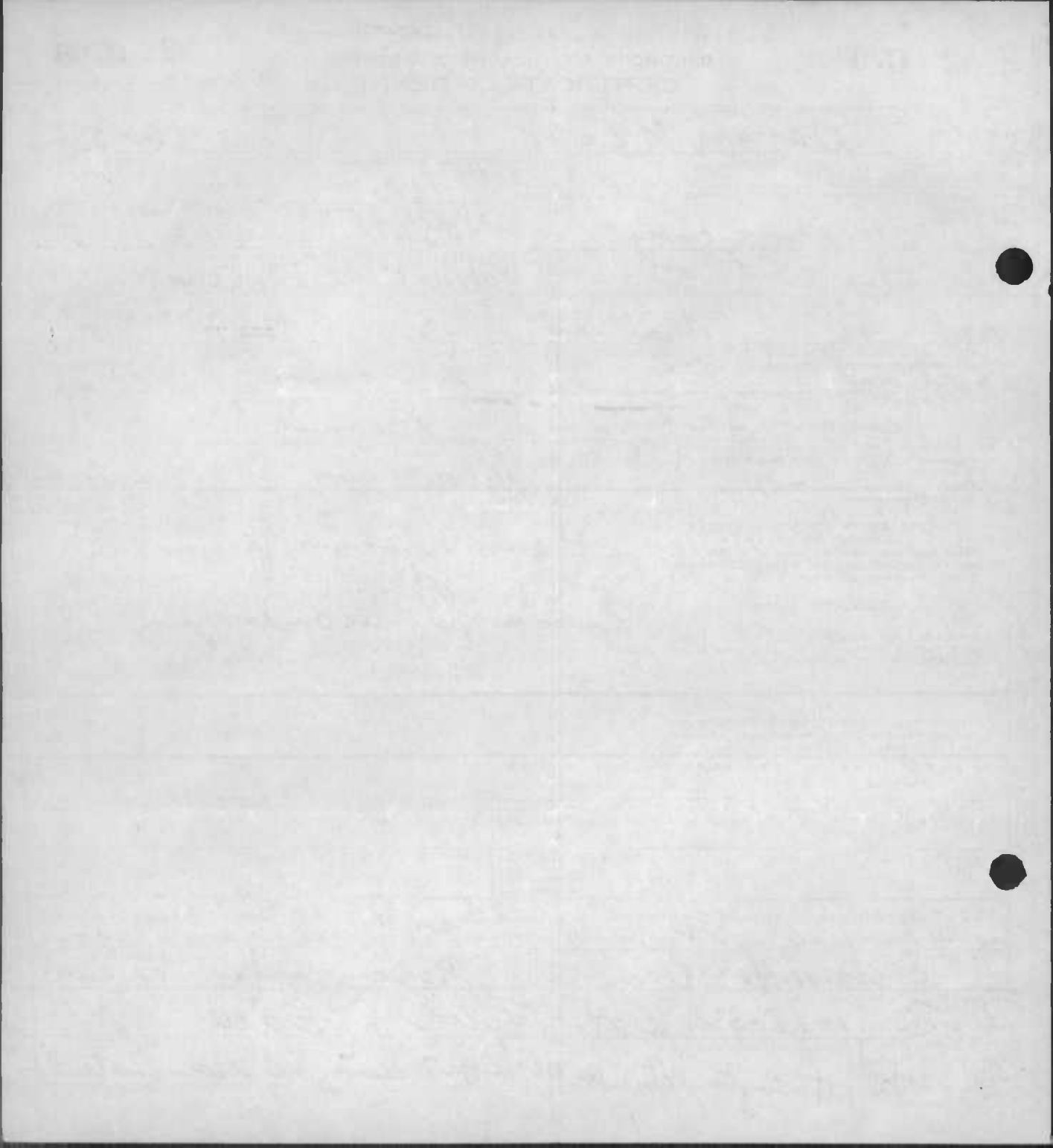
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2400 Eastern Pl



500
52 0799BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0799

Registered No.

BIRTH NO.

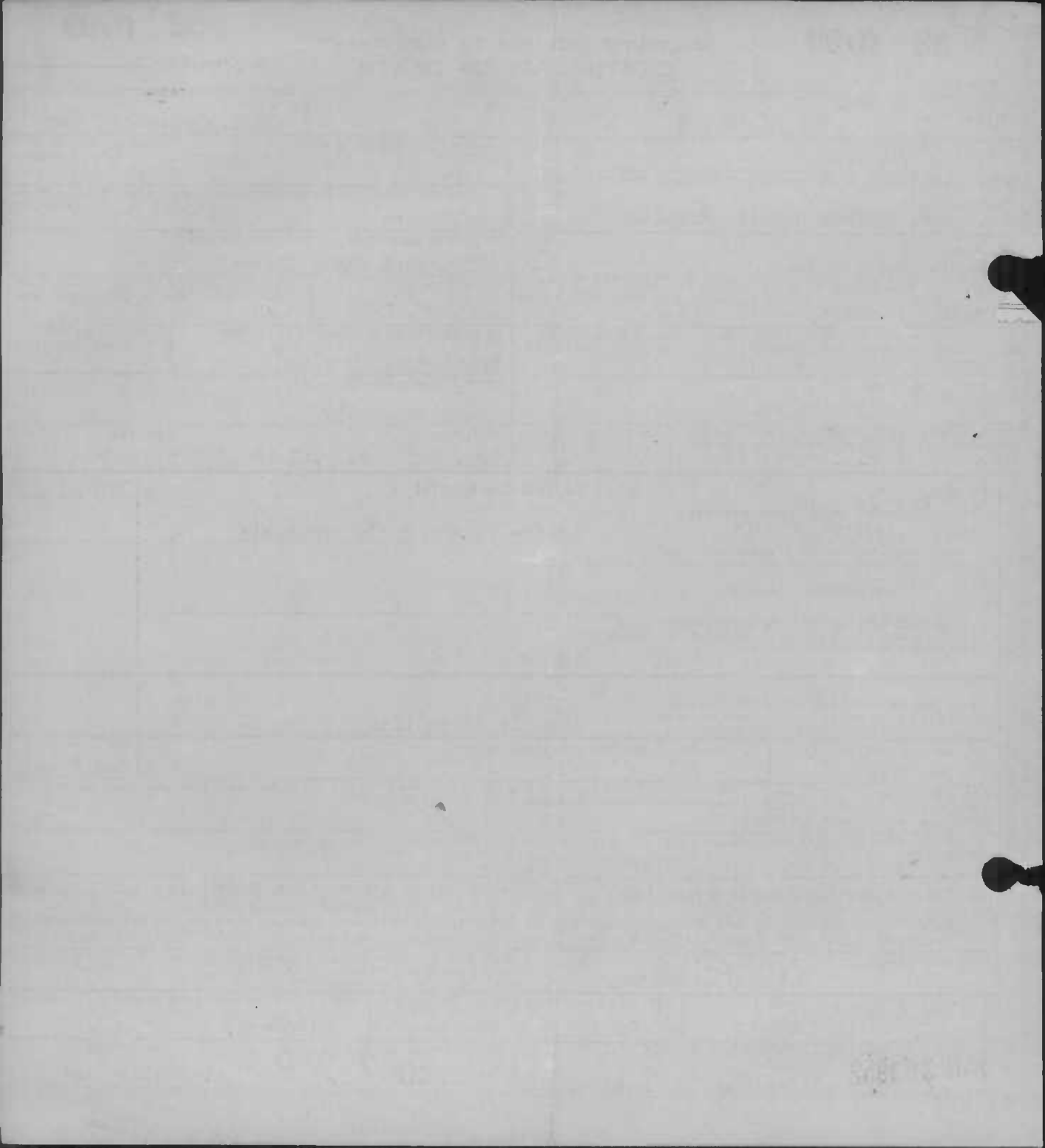
1. NAME OF DECEASED (Type or Print) EARL QUINN		2. DATE OF DEATH January 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1024 East Chase Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 27, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 43
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James J. Quinn		14. MOTHER'S MAIDEN NAME Bertha Shelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. May Hensley, 2219 Wilkens Avenue		ADDRESS <input checked="" type="checkbox"/>	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Active Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Alcoholism	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 1/25/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 1/28/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT JAN 28 1952	REGISTRAR'S SIGNATURE Huntington Wilkins	25. FUNERAL DIRECTOR Wm. C. C. Co. Inc.
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		ADDRESS 1217 St. Paul Street



320

52 0800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0800

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT M. SEEDS

2. DATE
OF
DEATH

1-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-47

D. STREET ADDRESS (If rural, give location)

2107 Ellamont St.

Length of stay in Baltimore

84

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb. 24, 1861

9. AGE (In years;
last birthday)

70

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Glass Blower

10B. KIND OF BUSINESS OR
INDUSTRY

Swindell Co

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Daniel G. Seeds

14. MOTHER'S MAIDEN NAME

Emily V. Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Howard Baugs 2107 Ellamont St.

18. 153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac failure

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malignancy of Colon (Sig.)

?

19A. DATE OF OPERATION

1-22-52

19B. MAJOR FINDINGS OF OPERATION

Malignancy of sigmoid colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office, bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1952 to 1-27, 1952 that I last saw the
deceased alive on 1-27, 1952, and that death occurred at 9:25A m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

1-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/30/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Spok Inc. 1217 St. Paul St.

ADDRESS

MEDICAL CERTIFICATION

52 0801
b15 REA-155627BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0801
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Griffin

2. DATE
OF DEATH 1-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baltimore City Hospitals

4940 Eastern Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 12, 1887

9. AGE (In years,

last birthday)
64

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ins. Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Va. Life Ins. Co.

13. FATHER'S NAME

Frank J. Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung

DUE TO

3 yrs ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12 1952, to 1-26 1952, that I last saw the deceased alive on 1-26 1952, and that death occurred at 10:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Coogan

M. O.

4940 Eastern Avenue

23C. DATE SIGNED

1-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/29/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

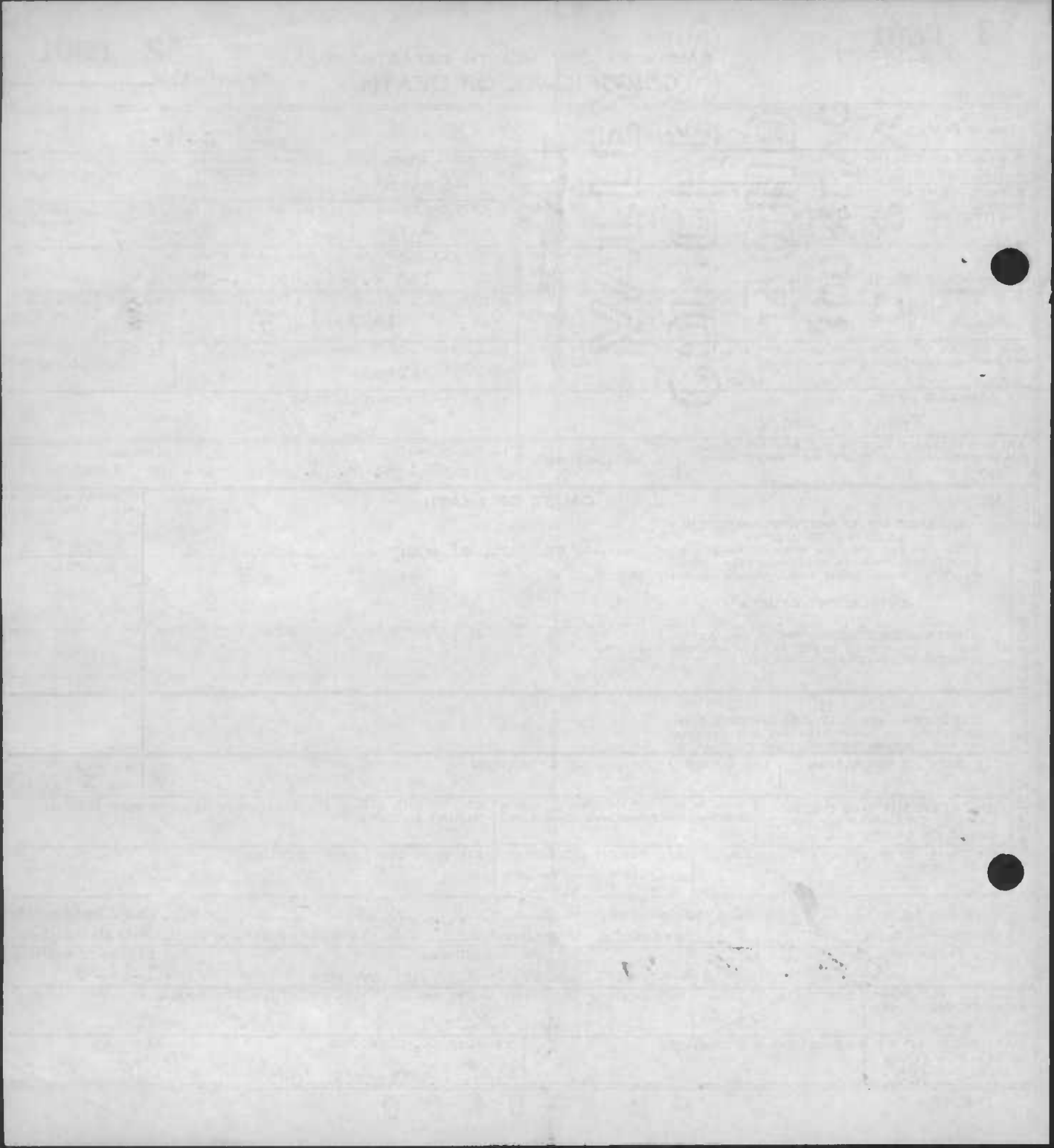
REGISTRAR'S SIGNATURE

JAN 28 1952

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc 1217 St. Paul st.



20

52 0802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0802

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Filliaux

2. DATE
OF
DEATH

1/25/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Josephs Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 26-03

D. STREET ADDRESS (If rural, give location)

3237 Cliftonmont Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/15/1879

9. AGE (In years last birthday)

72

10. Under 1 Year
Months: Days

1 10

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR INDUSTRY

Zink Cafe

13. FATHER'S NAME

William Filliaux

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Sterlberg

17. INFORMANT

ADDRESS

Mamie Filliaux 3237 Cliftonmont Ave.

18. 42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

Coronary Thrombosis
Arteriosclerotic Cardiovascular Disease
Hypertension

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1945, to Jan 25, 1952, that I last saw the deceased alive on Nov 31, 1951, and that death occurred at 5 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/29/52

Meadow Ridge

Dorsey Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Winters, 1217 St. Paul St.

VS 150

750 6M

937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0803

BIRTH NO. 51-18717

1. NAME OF DECEASED
(Type or Print)

THERMAN

DAVENPORT

2. DATE
OF
DEATH Jan. 26, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1024 Whatcoat Street

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1024 Whatcoat Street

Length of stay in Baltimore

SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

Aug 17 - 1951

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

8

If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Davenport

14. MOTHER'S MAIDEN NAME

Gertrude Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gertrude Davenport

18. 391.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Purulent bilateral otitis media

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Focal pneumonia

DUE TO

(C) Intussusception

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Jan. 26, 195223A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

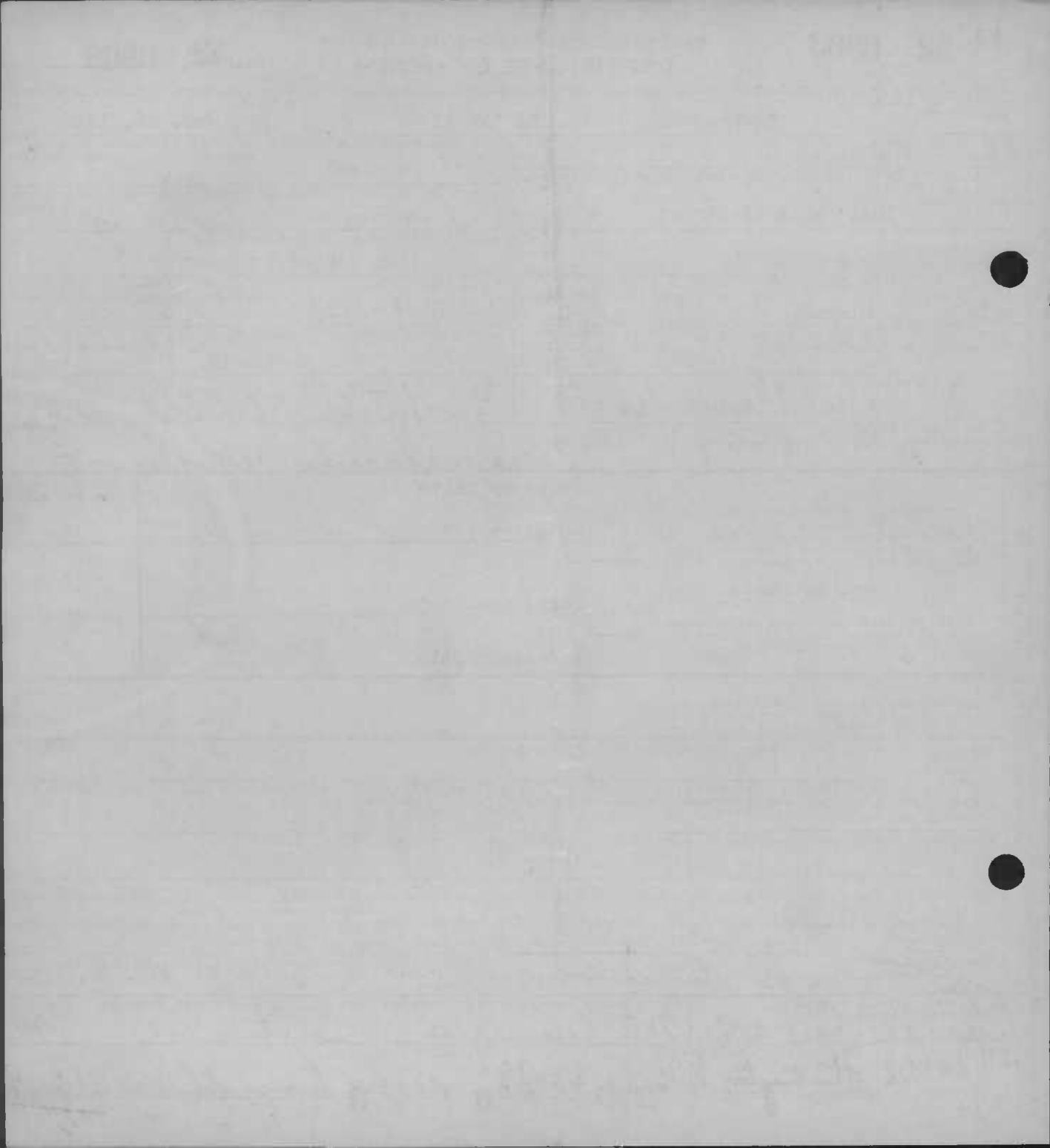
ADDRESS

JAN 26 1952

Huntington Williams, M.D.

V. Brooks Ruggles

1463 N. Carey



600
52 0804BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0804
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BEULAH SAUER		2. DATE OF DEATH Jan 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY Balto	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp of Md Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 16-08	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3706 Harlem Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec 12, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		9. AGE (In years, last birthday) 51	
10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Balto Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME David Lescallett	
14. MOTHER'S MAIDEN NAME Luella E. Smith		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 315-24-9814		17. INFORMANT ADDRESS Norma L. Gunkel 3706 Harlem Ave	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertension DUE TO Atherosclerosis DUE TO Obesity	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

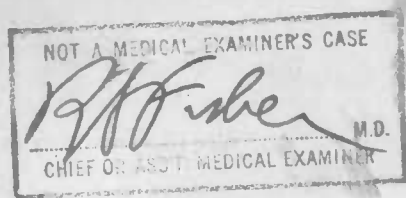
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug**, 19**39**, to **Dec**, 19**51**, that I last saw the deceased alive on **Dec 11**, 19**51**, and that death occurred at **9 35 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel S. Schwartz	23B. ADDRESS 2320 Eutaw Place	23C. DATE SIGNED 1/26/52
--	--------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 29 - 1952	24C. NAME OF CEMETERY OR CREMATORY Lorraine	24D. LOCATION (City, town, or county) (State) Balto Md
---	--------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John F. Geijer	ADDRESS 5311 Edmondson Ave
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520

52 0805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0805

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. YOUNG

2. DATE
OF
DEATH

JAN 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

PORT MATILDA PA

D. STREET ADDRESS (If rural, give location)

RFD #1

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 14 - 1921

9. AGE (In years
last birthday)

30

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BENNER TOWNSHIP PA

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

WM. L. YOUNG

14. MOTHER'S MAIDEN NAME

MARY E. LYONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WAR #2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wetzler Funeral Home

PA

18. E812.4 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Multiple lacerations abrasions & contusions

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fracture of Pelvis

DUE TO

(C) Internal hemorrhage due to rupture of spleen

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?Greenmount Ave near
Whitridge Ave 12-0321D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan 26, 1952 10:45 pm

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durschler

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒23C. DATE SIGNED
Jan 27, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

1-29-52

24C. NAME OF CEMETERY OR CREMATORY

Inverness Cemetery

24D. LOCATION (City, town, or county)

Benner Township Pa

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Whitridge, M.D.

25. FUNERAL DIRECTOR

ADDRESS

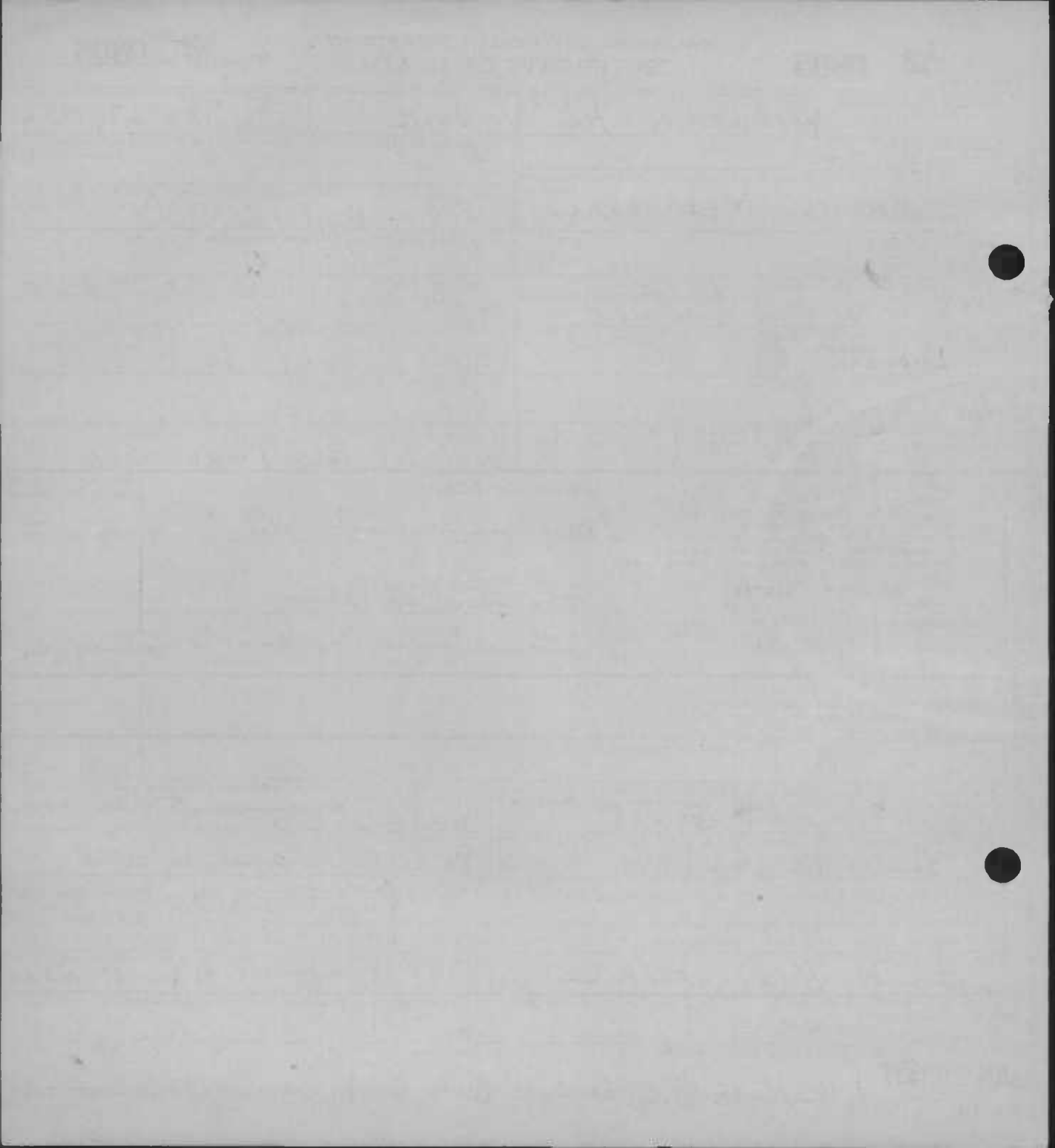
0805 Ave + Home

VS 151

N 805.2

170c ✓

MEDICAL CERTIFICATION



52 0806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0806
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA Margaret Covey

2. DATE
OF
DEATH

JAN. 25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

339-E-25th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

12-03

C. Length of stay in Baltimore

75 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

339-E-25th St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June-6-1876

9. AGE (In years,
last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland, U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Derringer

14. MOTHER'S MAIDEN NAME

Adeline Verigoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Harry C. Meade, 2710 Overland Ave

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) cerebro-vascular accident

immediate

DUE TO

ANTECEDENT CAUSES

hypertensive cardio-vascular disease. 3 yrs.

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

also cardiac hypertrophy

3 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Osteoporosis, generalized
left hydronephrosis

3yrs

20. AUTOPSY?

YES ☐ NO ☒

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

20. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951 to Jan 25, 1952 that I last saw the deceased alive on 12-24-52 19, and that death occurred at 9:10A.m., from the causes and on the date stated above.

23A. SIGNATURE

E.E. Cook

23B. ADDRESS

M. D.

2431 Maryland Avenue

23C. DATE SIGNED

1-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan-28-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park, Taylor Ave, Md

DATE RECEIVED BY
LOCAL REGISTRAR

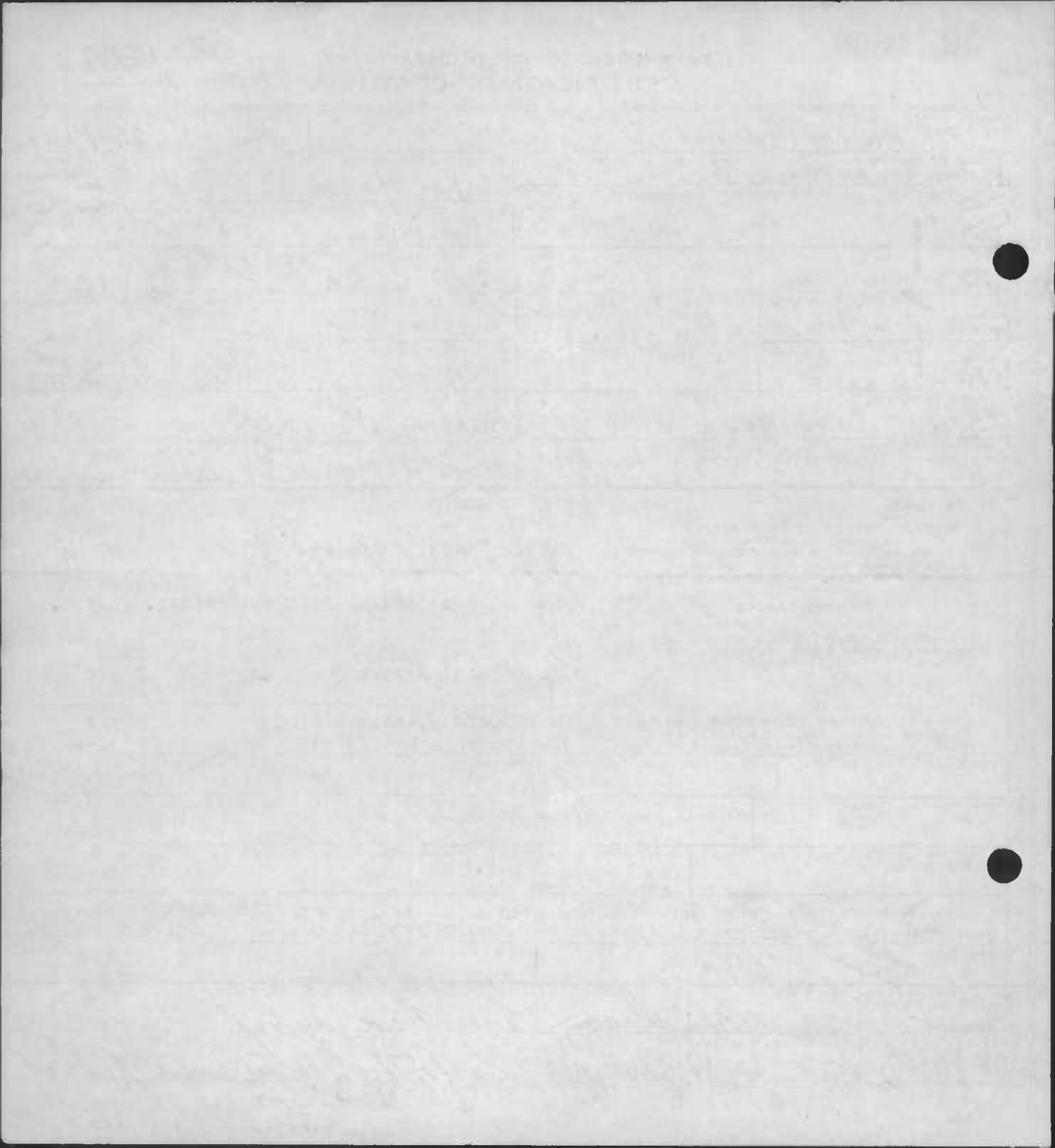
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Carl M. McCreary, Funeral Home, Inc.



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alma Hopkins

2. DATE
OF
DEATH

January 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

55

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Jenkins Memorial

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 7, 1896

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John T. Hopkins

14. MOTHER'S MAIDEN NAME

Frances Pollard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary Hopkins, 204 S. Augusta Ave

18. 474X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Septicemia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Acute Laryngitis
DUE TO

(C) Secondary Laryngeal edema

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pericardial Constriction - Old Coronary
Occlusion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 1/25, 1952, that I last saw the
deceased alive on 1/25, 1952, and that death occurred at 4:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

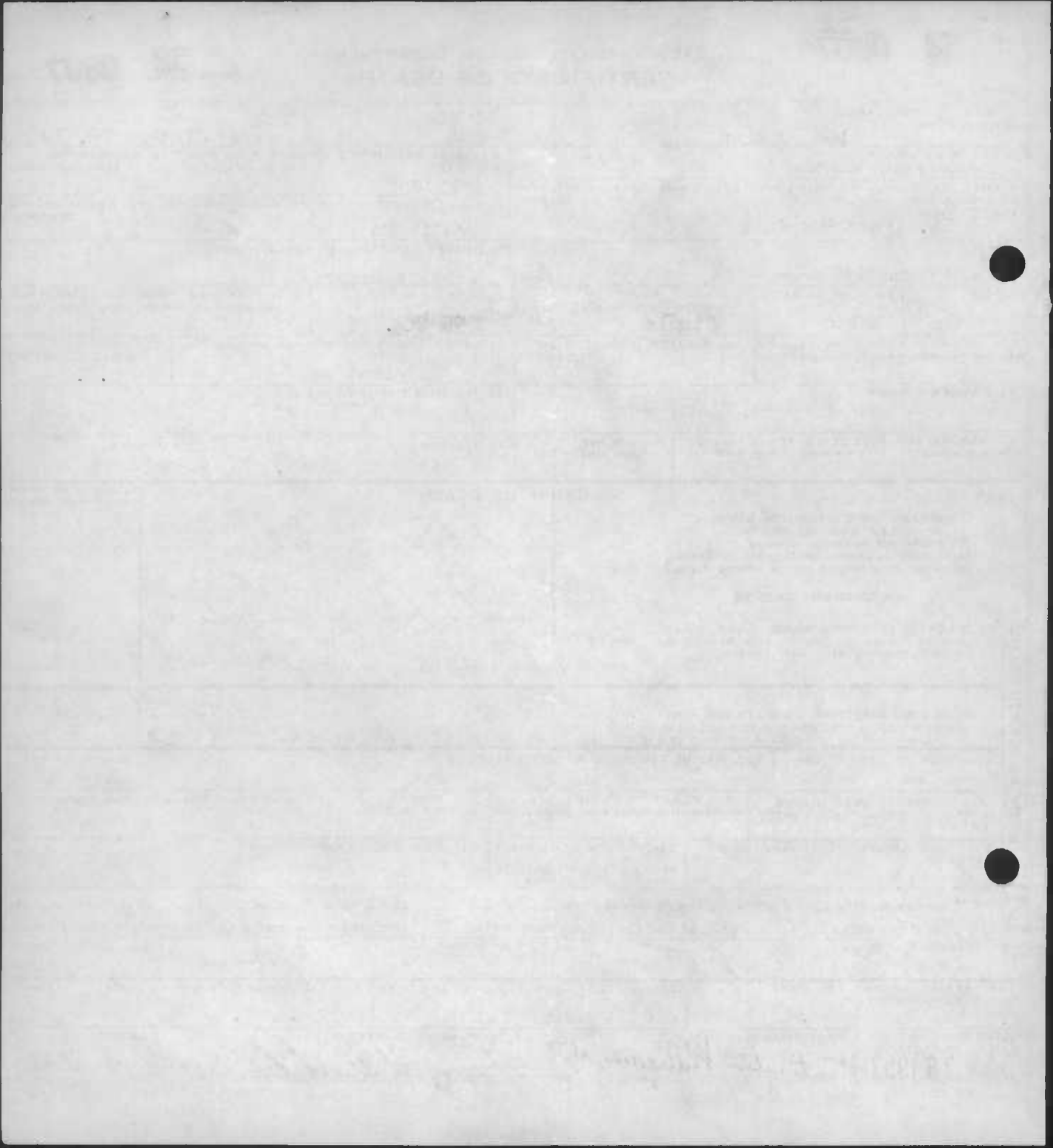
25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

Harry H. Witzke, 4101 Edmondson



355
52 0808BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0808
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leo A. Bateman

2. DATE
OF
DEATH

Jan. 26, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Maryland General Hospital
46Yrs.
Mos.
Days

5. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Anderson Motors

13. FATHER'S NAME

Samuel Bateman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

705 07 6411

17. INFORMANT

ADDRESS

Mrs. Frieda Bateman, 405 S. Bentalow

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cor Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Congestive heart failure

II

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1952, to Jan. 26, 1952, that I last saw the
deceased alive on Jan. 26, 1952, and that death occurred at 12:10 PM, from the causes and on the date stated above.

23A. SIGNATURE

Lyn-jui Liu

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

1-26-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan. 30/52

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Cemetery

24D. LOCATION (City, town, or county)

Violetville, Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

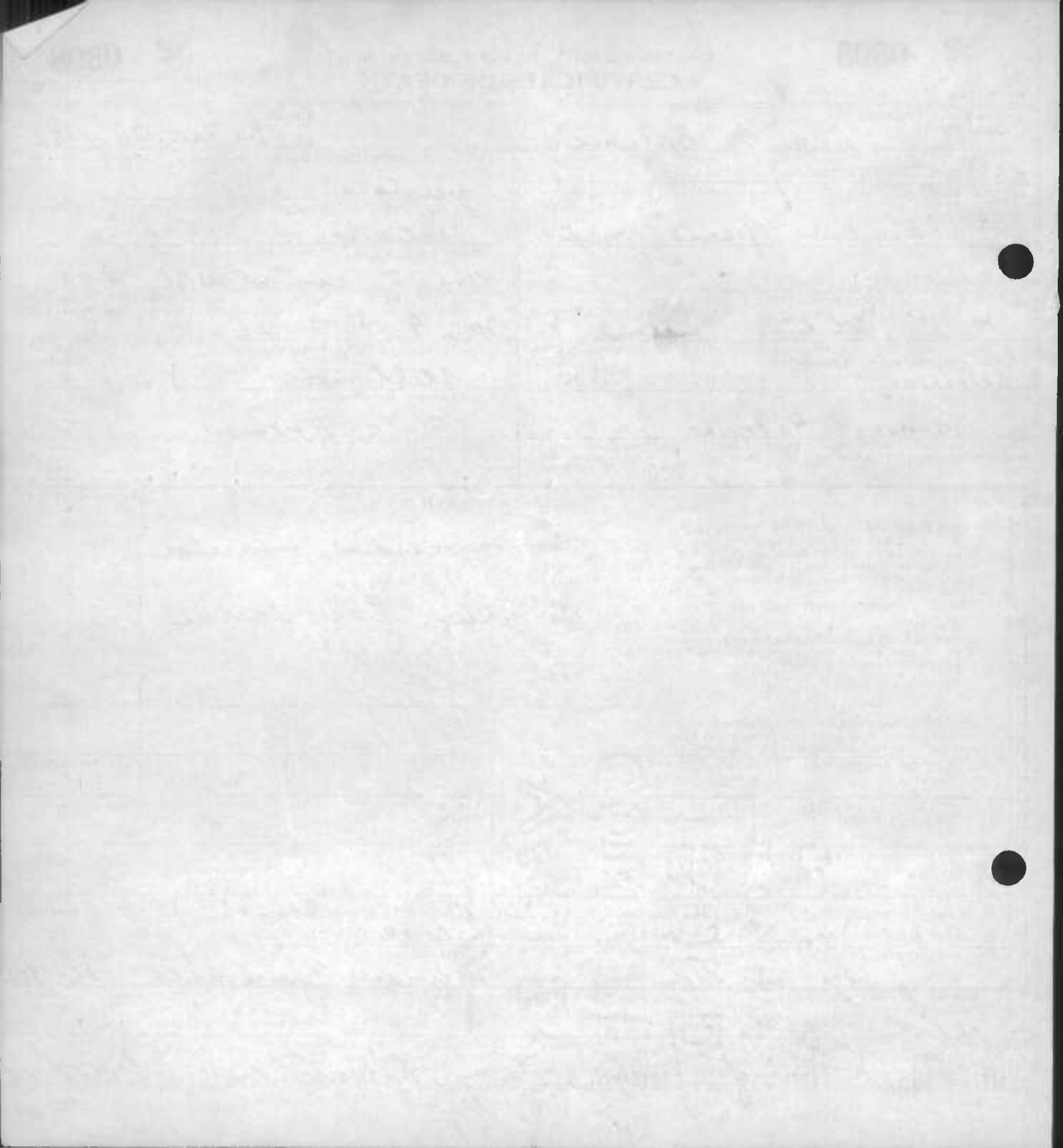
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson



2T.
420 52 0809
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0809
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Mary Kellogg			2. DATE OF DEATH 1/26/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Lansdown Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lansdown, Maryland		
D. LENGTH OF STAY IN BALTIMORE Life			E. STREET ADDRESS (If rural, give location) 152 Clyde Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3, 1886	9. AGE (In years last birthday) 66	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY Bon Secours Hospital			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME James Patterson Ferguson			14. MOTHER'S MAIDEN NAME Minnie Pyle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 220 302 415		
			17. INFORMANT (Print name) ADDRESS		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA OF CECUM (A) CAUSE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMATOSIS (B) CAUSE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 3/21/51	19B. MAJOR FINDINGS OF OPERATION Malignancy cecum and ascending colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE Munday	23B. ADDRESS 2025 W. Fayette	23C. DATE SIGNED 1-26-52
---------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 29/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	24D. LOCATION (City, town, or county) (State) Balto. 29, Md.
--	--------------------------------	---	--

DATE RECEIVED BY JAN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry J. Witzke, 4101 Edmondson Ave.
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52 0810BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0810
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE THOMAS SWAYNE

2. DATE
OF
DEATH

Jan. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Methodist Home for the Aged
2211 W. Rogers Ave.Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 8, 1873

9. AGE (in years,

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bricklayer

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Oil

Wholesale Distributors

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Reese Swayne

14. MOTHER'S MAIDEN NAME

Sophia L. Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Methodist Home Records

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Heart FAILURE

48 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

10 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1952, to Jan 24, 1952, that I last saw the deceased alive on Jan 24, 1952 and that death occurred at 5:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Daniea

M. D.

23B. ADDRESS

800 W 33rd ST

23C. DATE SIGNED

1-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/28/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

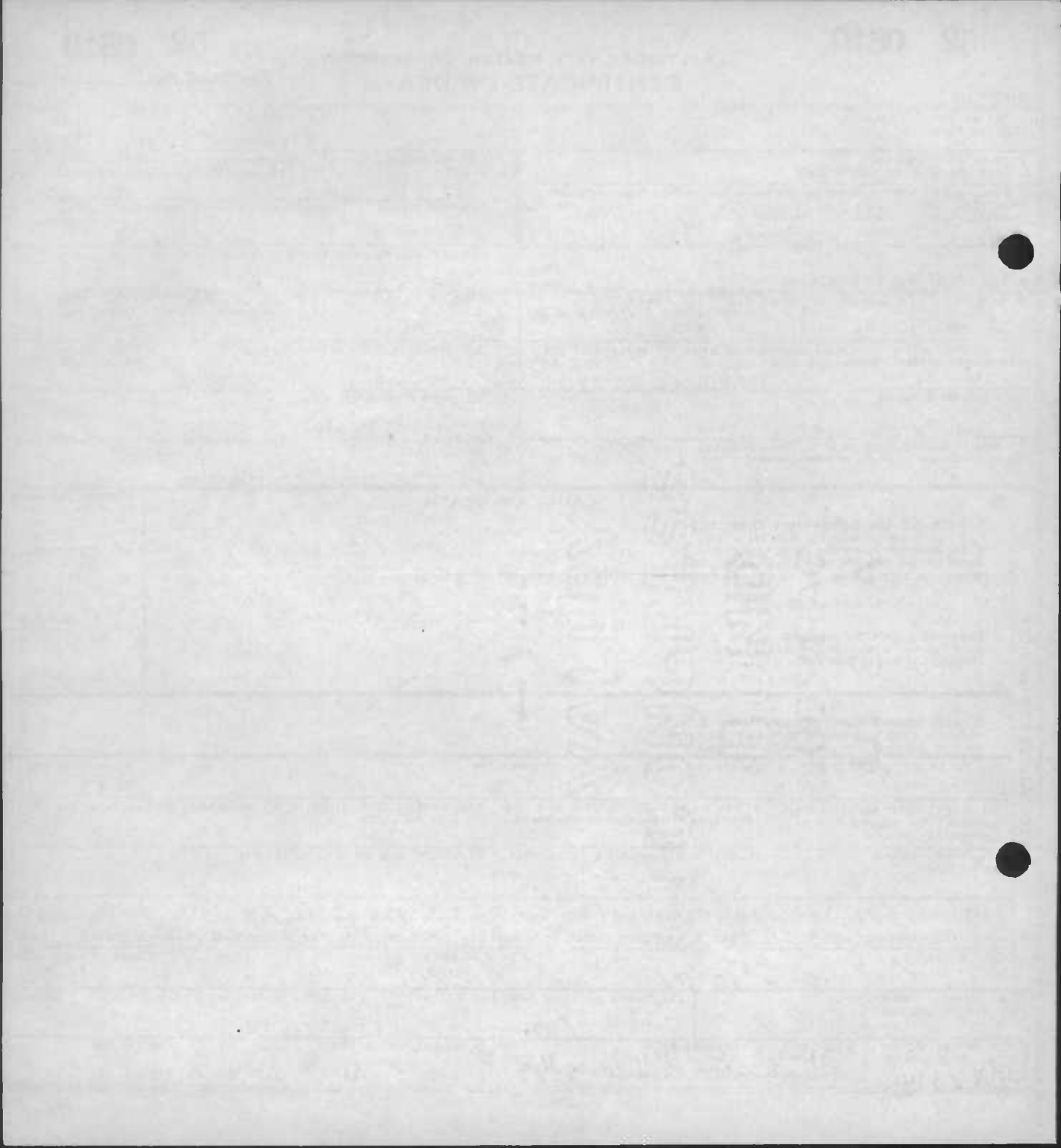
JAN 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. J. Pickner & Sons - Balto.

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETNA A. WILSON

2. DATE
OF
DEATH

Jan. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2901 St. Paul St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

2901 St. Paul St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 13, 1867

9. AGE (In years,
last birthday)

84

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Valentine Tankersley

14. MOTHER'S MAIDEN NAME

--unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS Phila., Pa.

Mr. S. Russell Wilson-6200 Wayne Ave., Phila.

1B. 42211 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Myocarditis

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Smoking

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1934, to Jan 26, 1952, that I last saw the
deceased alive on Jan 25, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. ...

M. D.

23B. ADDRESS

2923 St Paul St

23C. DATE SIGNED

1/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/28/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

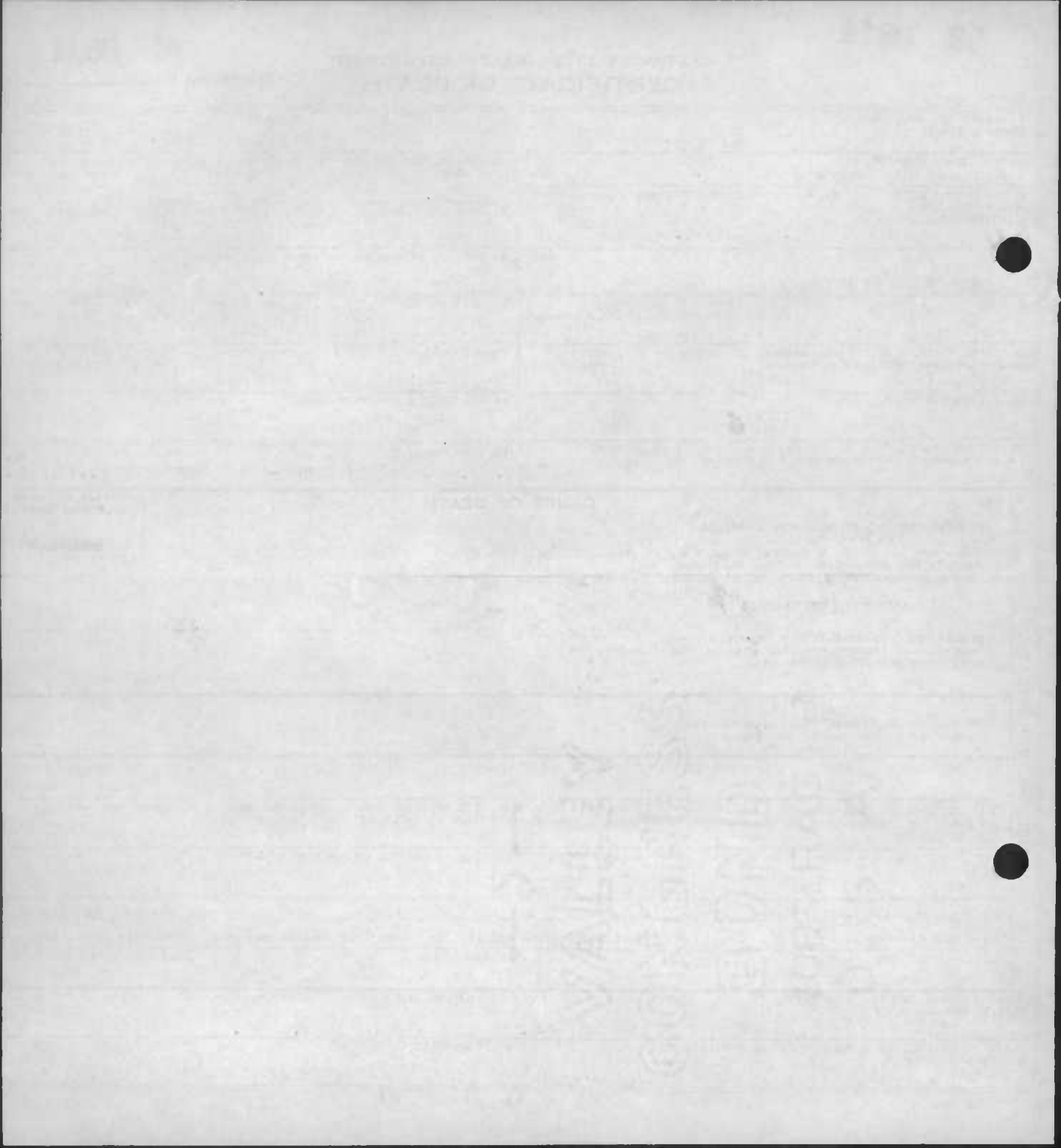
ADDRESS

JAN 28 1952

Huntington Williams, M.D.

0810

Tichenor & Sons - Balto, Md



530

52 0812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0812

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise G. Smith

2. DATE
OF
DEATH

1/26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2553 Arunah Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2553 Arunah Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 18, 1915

9. AGE (In years
last birthday)

36

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurses Aide

10B. KIND OF BUSINESS OR
INDUSTRY

Lutheran Hosp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Hays

14. MOTHER'S MAIDEN NAME

Gertrude ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

215.32.0666

17. INFORMANT

ADDRESS

Mr. Walter H. Smith 2553 Arunah Ave

CAUSE OF DEATH

18. 42011

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3-82, 19, to 1/26, 1952 that I last saw the
deceased alive on 1-21-52, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Harry S. Simble

23B. ADDRESS

2205 Edmondson

23C. DATE SIGNED

1/28/52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

Burial

24B. DATE

1/29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John R. Stansbury 2700 Edmondson Ave.

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155
52 0813BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0813

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ed. F. Hoffman</i> (Edward F.)			2. DATE OF DEATH <i>1-26-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Md. Gen. Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2907 Arunah Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Apr. 16, 1880</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ship Yard (Retired)</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Ship Yard Key Hgwy</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Ed. J. Hoffman</i> (Edward J.)			14. MOTHER'S MAIDEN NAME <i>Katie L. Matilda Myers</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO. <i>217.20.7588</i>		
17. INFORMANT <i>Katie L. Hoffman</i>			ADDRESS <i>Same</i>		

18. *150X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

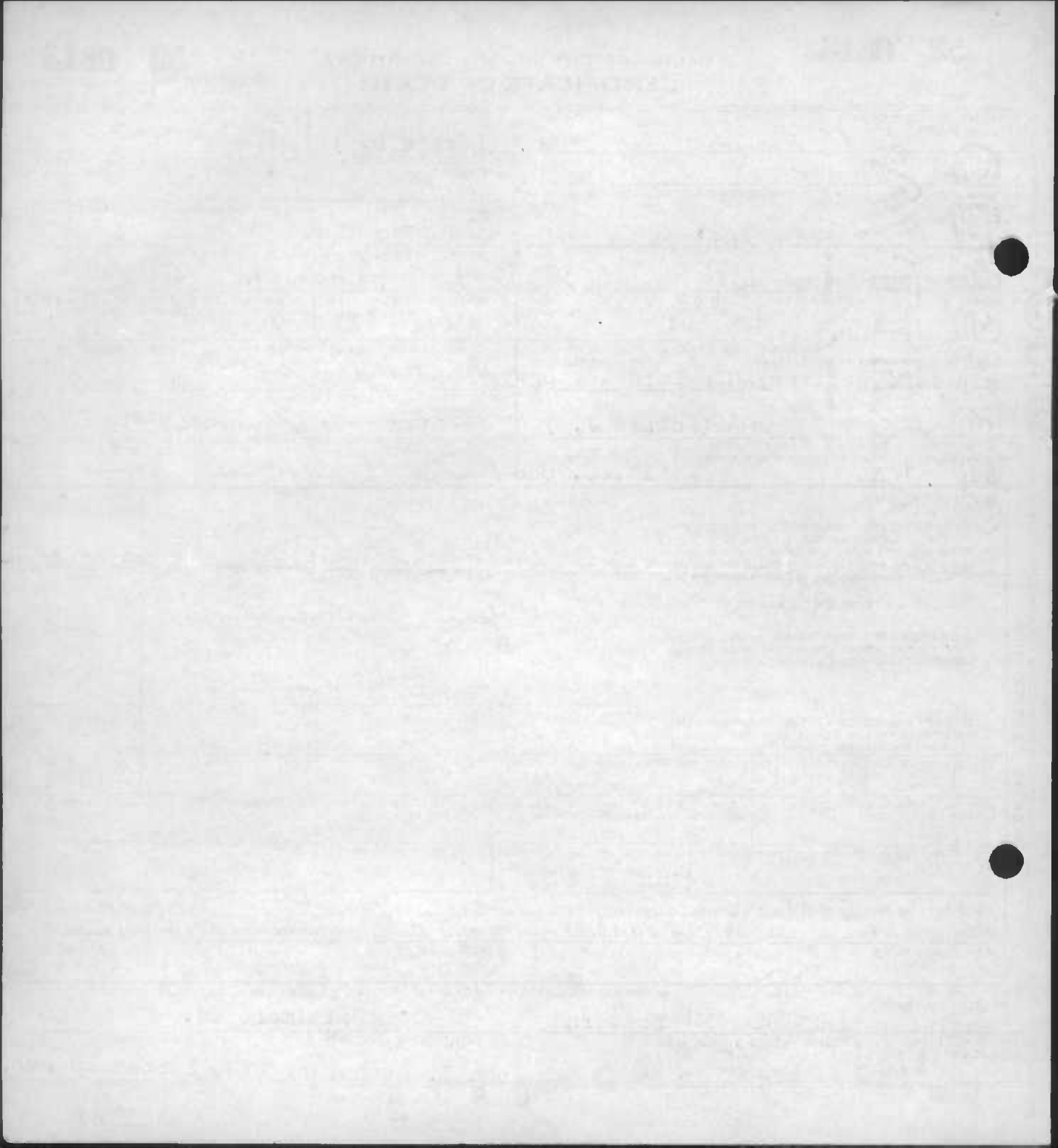
II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION <i>1-25-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ca of esophagus</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-20</i> , 19 <i>52</i> , to <i>1-26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1-26</i> , 19 <i>52</i> and that death occurred at <i>7:30 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. K. Bruders</i>		M. D. <i>Md. Sen Venz</i>		23C. DATE SIGNED <i>1-26-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/29/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>					

DATE RECEIVED BY <i>JAN 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John T. Stansbury</i>		ADDRESS <i>2700 Edmondson Ave.</i>	
--	--	---	--	--	--	---------------------------------------	--



610 52 0814

52 0814

ND-16017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Catherine Orf

2. DATE
OF
DEATH

Jan. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

O. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

c. Length of stay in Baltimore

68 Yrs.?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 4, 1880

9. AGE (In years

last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

None Work

at Home

13. FATHER'S NAME

Fonce Lewis

(Looce)

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardio-vascular
Disease

DUE TO

Yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1932, to 1-25, 1952, that I last saw the deceased alive on 1-25, 1952, and that death occurred at 11:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

O. S. Dozer

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/29/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Longwood

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1011

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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PREVIOUS OTHER

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PREVIOUS OTHER

W-42-5
52 0815BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0815
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura M. Wilson

2. DATE
OF
DEATH

1/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write R.U.R. and give township)

D. STREET ADDRESS (If rural, give location)

2231 Wilcomico St.

5. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

6. SEX

F

7. COLOR OR RACE

W

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

9. DATE OF BIRTH

Aug. 22-1873

10. AGE (In years
last birthday)

80

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

13. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

14. KIND OF BUSINESS OR
INDUSTRY

15. BIRTHPLACE (State or foreign country)

Maryland

16. CITIZEN OF
WHAT COUNTRY?

17. FATHER'S NAME

August Reese

18. MOTHER'S MAIDEN NAME

Louisa Francis

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

20. SOCIAL
SECURITY NO.

21. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular disease

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Broncho pneumonia

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 5:12, 1951, to 1/27, 1952, that I last saw the
deceased alive on 1/27, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. H. Brennan

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

(1-2)-52

24A. BURIAL, CREMA-
TION, REMOVE (Specify)

24B. DATE

1-30-52

24C. NAME OF CEMETERY OR CREMATORY

Lanston Park

24D. LOCATION (City, town, or county)

Frederick Bld

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D. Edward Toulson

Wash Blvd

VS 150

930
Balt 30-52

G1
4225

400
52 0816BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0816
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matthew Faley

2. DATE
OF
DEATH

January 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1132 E. Belvedere Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)male white
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired (Salesman)10B. KIND OF BUSINESS OR INDUSTRY
Grocery

8. DATE OF BIRTH

6-10-86

9. AGE (In years last birthday)

65

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Minneapolis Minn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Faley

14. MOTHER'S MAIDEN NAME

Mary Casey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 016X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Post-Operative Intestinal Glau 2 days

19A. DATE OF OPERATION

1/18/52

19B. MAJOR FINDINGS OF OPERATION

Left Tuberculous Pyometeronephrosis

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1952, to 1-25, 1952, that I last saw the deceased alive on 1-25, 1952, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
JOHNS HOPKINS HOSPITAL23C. DATE SIGNED
1/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/31/52

St. Mary's Cem.

Minneapolis Minn.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

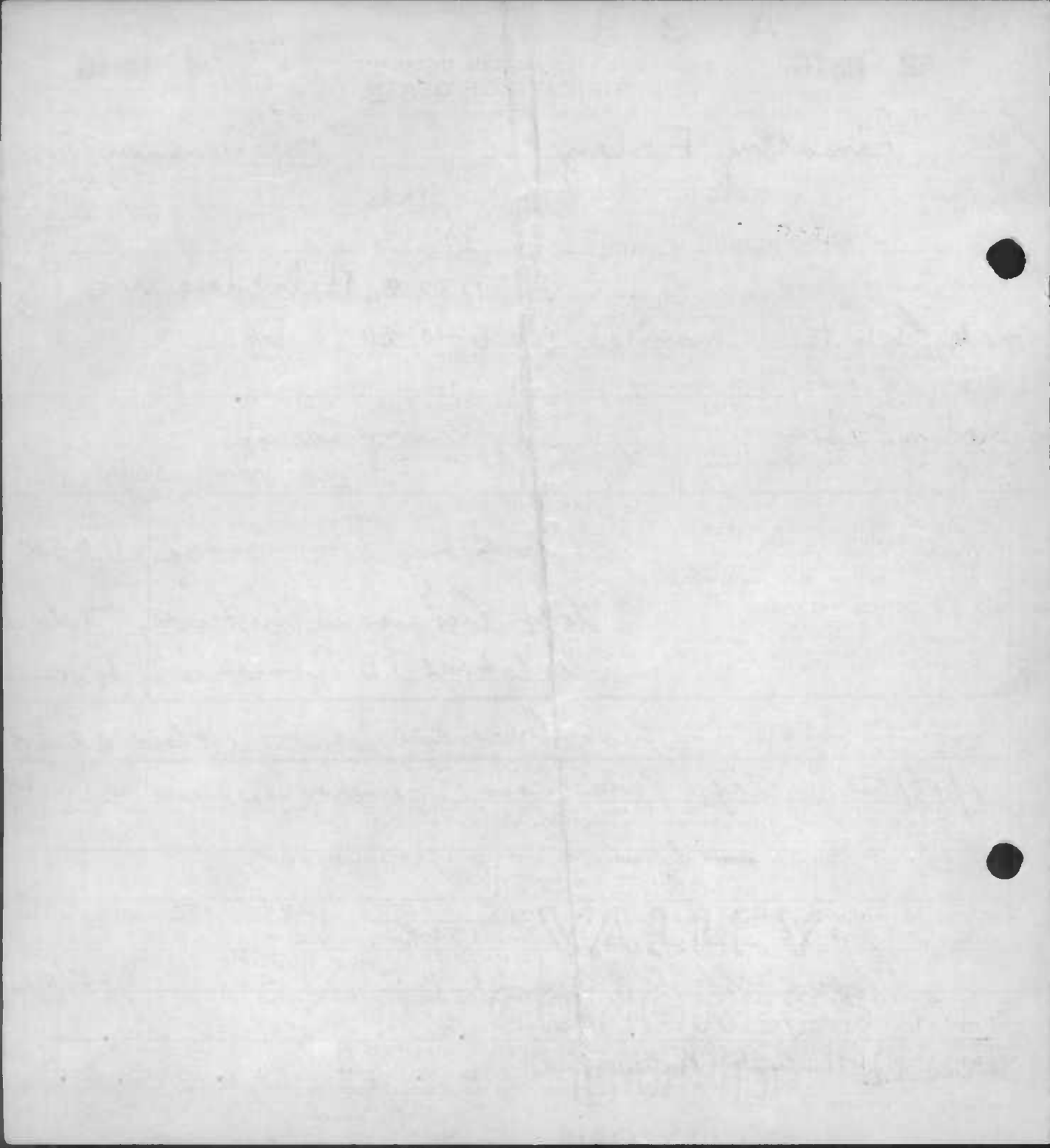
25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

John A. Moran 3000 E. Balto, St.



52 0817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0817

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN SUMWALT RUSSUM			2. DATE OF DEATH Jan. 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02		
C. Length of stay in Baltimore ? Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2212 W. Lexington Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/30/00	9. AGE (in years last birthday) 51	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture operator			10B. KIND OF BUSINESS OR INDUSTRY Low's Theatre		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Russum			14. MOTHER'S MAIDEN NAME Margaret Thompson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WI			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Records- US PHS Hospital, Balto, Md.			ADDRESS		

CAUSE OF DEATH

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of prostate DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 4, 1951 , to Jan. 25, 1952 that I last saw the deceased alive on Jan. 25, 1952 , and that death occurred at 6 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS M. D. US PHS Hospital, Balto, Md.		23C. DATE SIGNED 1/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Jan. 27, 1952 New National		Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Chas. J. Cole	
VS 150				ADDRESS 1913 W. Balto	

5628K

51B

MEDICAL CERTIFICATION

200

52 0818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0818

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Cox			2. DATE OF DEATH 1/27/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
E. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 8323 Belair Rd		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wid.	8. DATE OF BIRTH June 12 - 1867	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Stewards	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Milton Cox - 8323 Belair		

MEDICAL CERTIFICATION

18. 232X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Thrombosis DUE TO			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATABLE TO THE DISEASE OR CONDITION CAUSING IT. (C) Post-operative Strangulated Hernia			
19A. DATE OF OPERATION 1/4/52	19B. MAJOR FINDINGS OF OPERATION Strangulated Inguinal Hernia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/4/52 , 19__, to 1/27/52 , 19__, that I last saw the deceased alive on 1/27/52 , 19__, and that death occurred at 9:50 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE A. Andrew Reese		23B. ADDRESS St. Joseph's Hosp.	23C. DATE SIGNED 1-27-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-30-52	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY JAN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR E. J. Cook ADDRESS 5305 Harford

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52 0819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 0819

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. UNDER 1 Year Months Days

11. UNDER 24 Hours Hours Min.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH

19. DATE OF OPERATION

20. AUTOPSY?

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

22. I hereby certify that I attended the deceased from, 1948, to Jan 26, 1952, that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23. SIGNATURE

24. BURIAL, CREMATION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

Frederick H. Oehm

Jan. 26-1952

4410 White Ave

Maryland

Baltimore

4410 White Ave

Dec 4-1887

64

Baltimore Md

Minnie Reddeman

Louis Himmelheber

216-09-8084

Mrs Louise Oehm

420.1

Coronary Heart Disease

Anteriosclerotic Cardiovascular Disease

2 months

1

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19b. MAJOR FINDINGS OF OPERATION

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

5305 Harford

JAN 28 1952

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

937

D. R. Engle

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

324
52 0820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0820
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret S. Mitchell

2. DATE
OF
DEATH

Jan. 24-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

6. FULL NAME OF
HOSPITAL OR
INSTITUTION

3208 White Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3208 White Ave.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 4-1865

9. AGE (in years
last birthday)

86

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Curtain

14. MOTHER'S MAIDEN NAME

Julia Stout

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS

Mr. Frank Mitchell same

18. 42010

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Corneo-Sclerotic
Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19, to 1/24/52, that I last saw the
deceased alive on 1/24, 1952 and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Kaufman, M.D.

23B. ADDRESS

4331 Harford Rd, Baltimore, Md.

23C. DATE SIGNED

1/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-28-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Beach

ADDRESS

5305 Harford Rd

Dr. Kuylen
4331

52 0821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0821
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Albert C. Wrightson*2. DATE
OF
DEATH*Jan. 24, 1952*

3. PLACE OF DEATH:

*Baltimore City, Maryland*4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE*Maryland General Hospital*

c. Length of stay in Baltimore

65

5. SEX

m.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerical work

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John G. Wrightson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

320-09-4999

17. INFORMANT

ADDRESS

*Mr. Charles W. Stone - 7510 Hartford*18. *156.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Duodenal ulcer

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Jan. 11, 1952* to *Jan. 24, 1952* that I last saw the deceased alive on *Jan. 24, 1952*, and that death occurred at *9:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*Maryland General Hospital**Jan. 20, 52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**1-28-52**Leahurst Park**BALTO**Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JAN 28 1952**Huntington Williams, M.D.**L. J. Burke 05305**Hartford Rd*

426
52 0822BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0822
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. WILLIAM ELBERT

2. DATE
OF
DEATH

1/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

628 N. HIGHLAND AVE

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-10

D. STREET ADDRESS (If rural, give location)

628 N. HIGHLAND AVE.

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/2/1893

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BOTTLING DEPT.

10B. KIND OF BUSINESS OR
INDUSTRY

WISSNER BREW.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD. ELBERT

14. MOTHER'S MAIDEN NAME

ELLA DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
C.M. ELBERT 628 N. HIGHLAND AVE

18. 161X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Larynx

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis Head

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1942, to Jan, 1952, that I last saw the
deceased alive on 1/24, 1952, and that death occurred at 5:50 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1/29/52

BALTIMORE CENT.

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

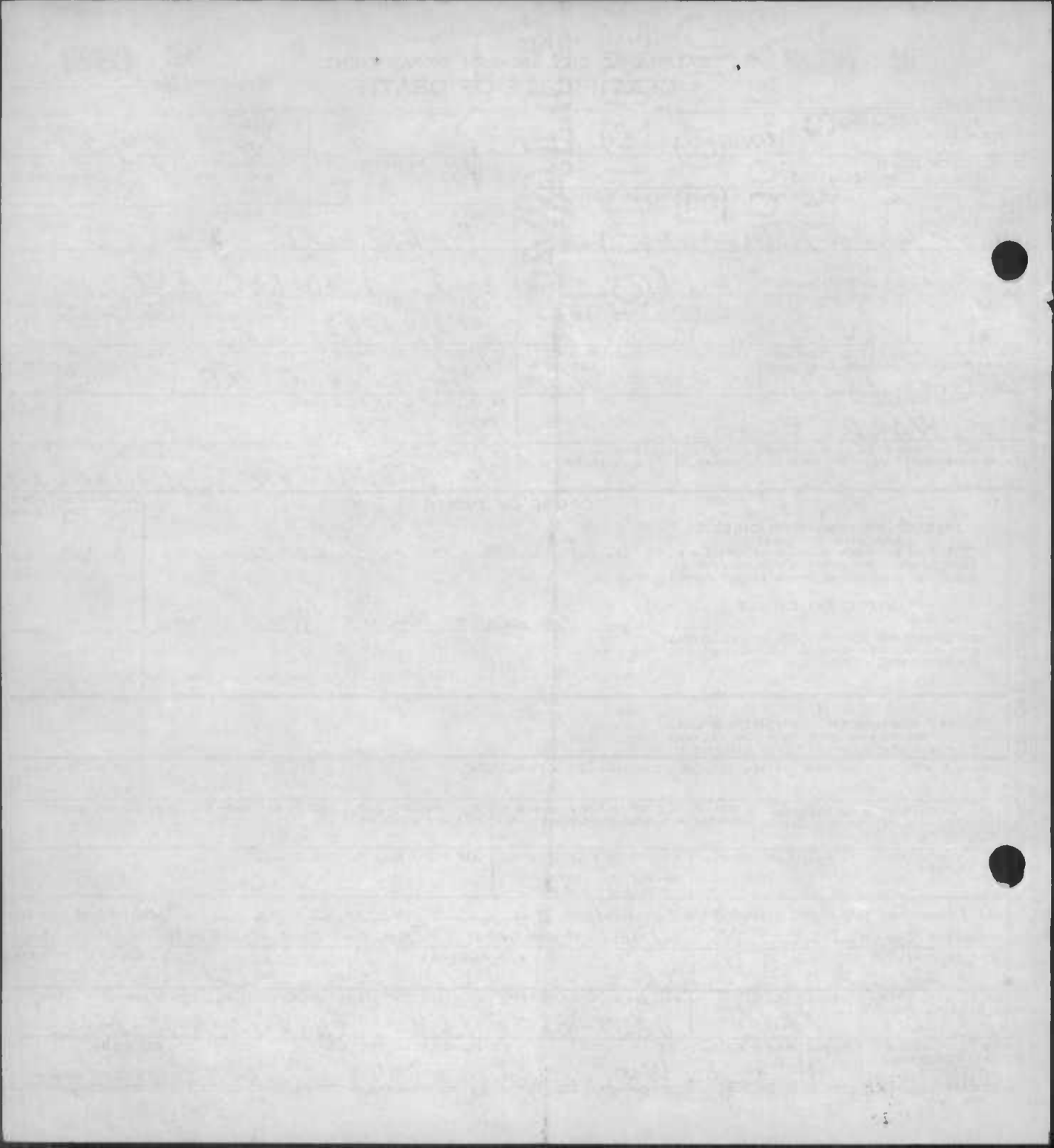
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington W. Williams, 1639 Broadway



430

52 0823

BALTIMORE CITY HEALTH DEPARTMENT

52 0823

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Hewlett

2. DATE
OF
DEATH

1.26.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 16-01

D. STREET ADDRESS (If rural, give location)

822 N. Carrollton Ave

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/26/71

9. AGE (In years
last birthday)

80

10. Under 1 Year
Month Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Winfield S. Carrollton

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chr. Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Hypertension

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1.7, 1952 to 1.26, 1952, that I last saw the
deceased alive on 1.26, 1952, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

G. Gionides

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

1.26.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-29-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. B. Bidwell

JAN 28 1952

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52 0824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0824
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSAE MAE HOBBS			2. DATE OF DEATH JANUARY 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSP. for the WOMEN of MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 5200		
C. Length of stay in Baltimore 71 Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>			D. STREET ADDRESS (If rural, give location) 1926 E. JOPPA ROAD		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 10, 1880	9. AGE (In years, last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME PETER W. FRONTZ (D)			14. MOTHER'S MAIDEN NAME MARY EBBERT (D)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT HUSBAND ADDRESS (ELMER BENSON HOBBS) Same		

18. **42011**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CORONARY THROMBOSIS WITH MYOCARDIAL INFARCTION**
DUE TO

16 Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **HYPERTENSIVE - ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**
~~DUE TO~~

? YEARS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **11 AM, Jan. 26, 1952** to **Jan. 26, 1952**, that I last saw the deceased alive on **Jan. 26, 1952**, and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

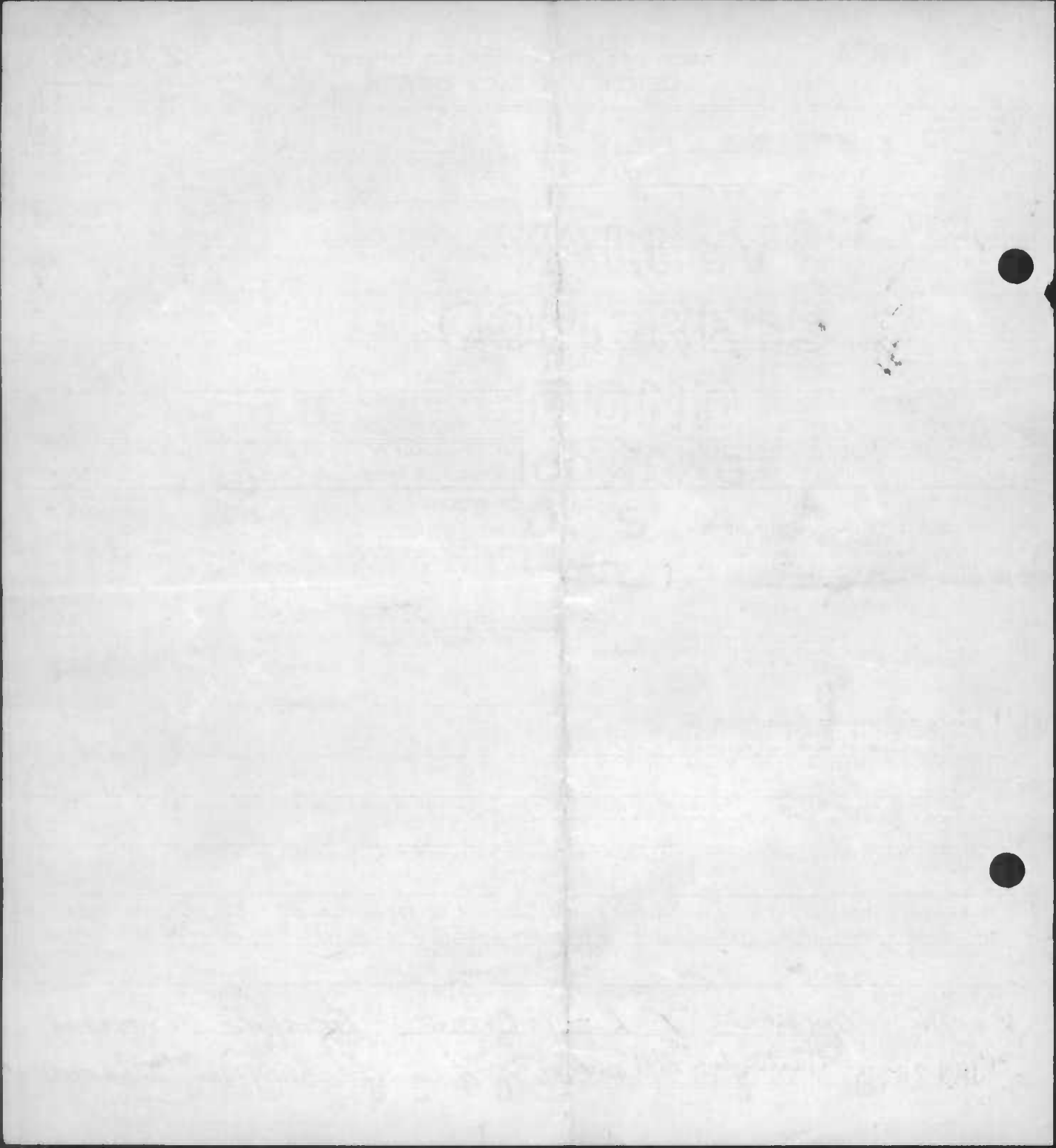
ADDRESS

JAN 28 1952

VS 150

1600 W. NORTH AVE.**93D**

MEDICAL CERTIFICATION



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Audrey Mae ~~Bickhorn~~ Eichhorn2. DATE
OF
DEATH

1/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Penar Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

718 N. Montford Ave.

Length of stay in Baltimore

20 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 9, 1913

9. AGE (in years
last birthday)

38

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Rosemary, N. C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Lee Byrd

14. MOTHER'S MAIDEN NAME

Pearl McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Albert P. Eichhorn, husband, above

18. *602x*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Pyonephrosis - left*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Left Renal lithiasis*
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH*Syrs**Syrs*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/15*, 1952, to *1/27*, 1952, that I last saw the
deceased alive on *1/27*, 1952, and that death occurred at *5 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dean E. Kassel

M. O.

23B. ADDRESS

Penar Hospital

23C. DATE SIGNED

*1/28/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave. & Rose St., Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.

6609 33 Rd. Madison St.

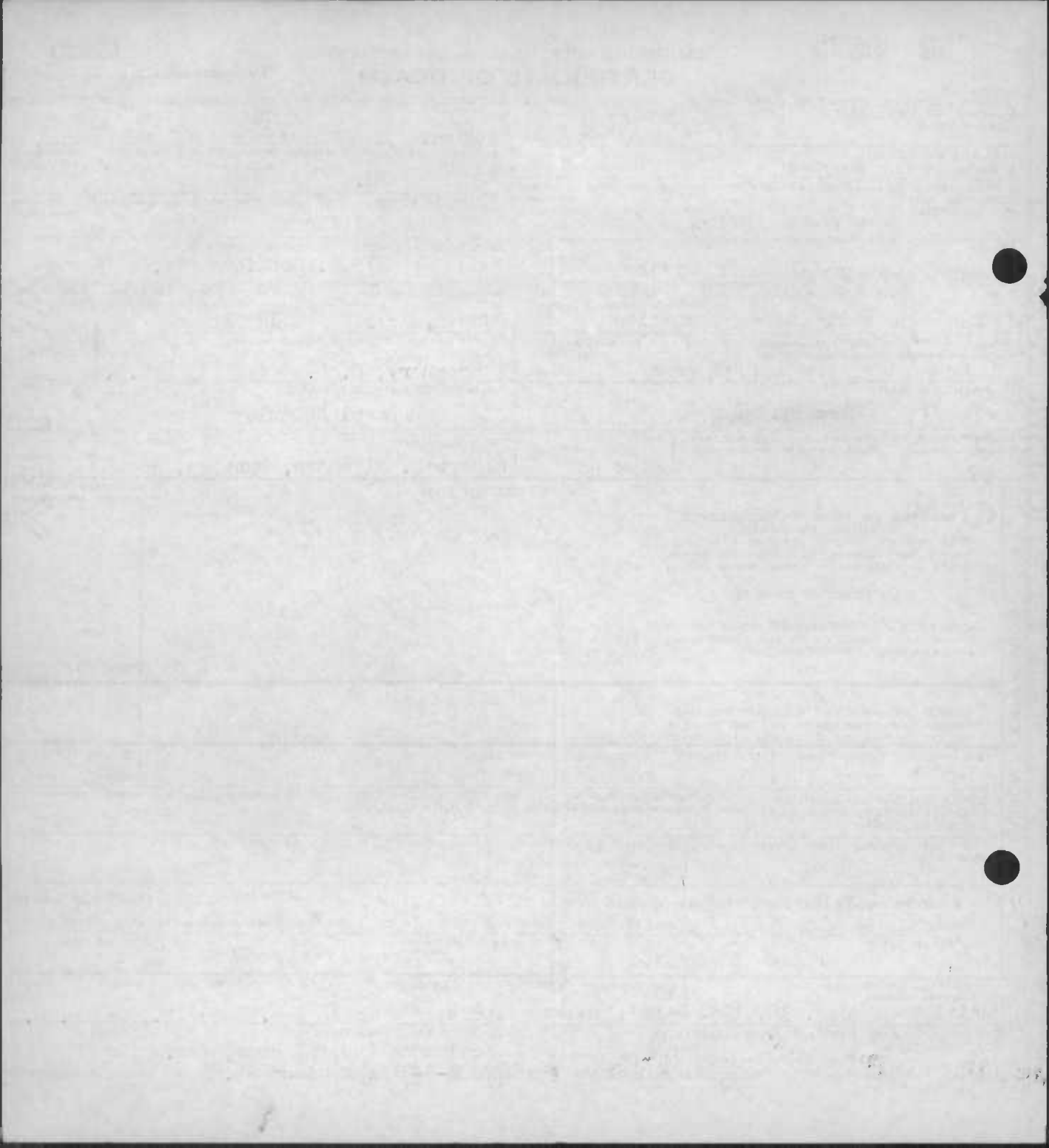
JAN 28 1952

VS 150

134a

MEDICAL CERTIFICATION

Correct age is extremely important. In certifying, please write the exact date of death.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0826
Registered No.

6292 0826

ND-155319

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Praus		2. DATE OF DEATH Jan. 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03	
Length of stay in Baltimore 30 Yrs.		D. STREET ADDRESS (If rural, give location) 2644 Beryl Ave. (5)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Lebow Bros.	9. AGE (in years last birthday) 53
13. FATHER'S NAME ? (D) Joseph Praus		11. BIRTHPLACE (State or foreign country) Bohemia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 213-09-5477		14. MOTHER'S MAIDEN NAME Anna ? (D) Anna Keppta	
		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 162X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Carcinoma of the lung

INTERVAL BETWEEN ONSET AND DEATH

6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastasis to the Brain

3 Mos.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Bronchopneumonia bilateral

4 Days

19A. DATE OF OPERATION 1-22-52 19B. MAJOR FINDINGS OF OPERATION
Biopsy of Skull

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-2, 1952, to 1-24, 1952, that I last saw the deceased alive on 1-24, 1952, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE W. J. Rogers

23B. ADDRESS
M. D. 4940 Eastern Avenue

23C. DATE SIGNED
1-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
1/28/52

24C. NAME OF CEMETERY OR CREMATORY
Oak Hill Cemetery

24D. LOCATION (City, town, or county) (State)
Horner's Lane, Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

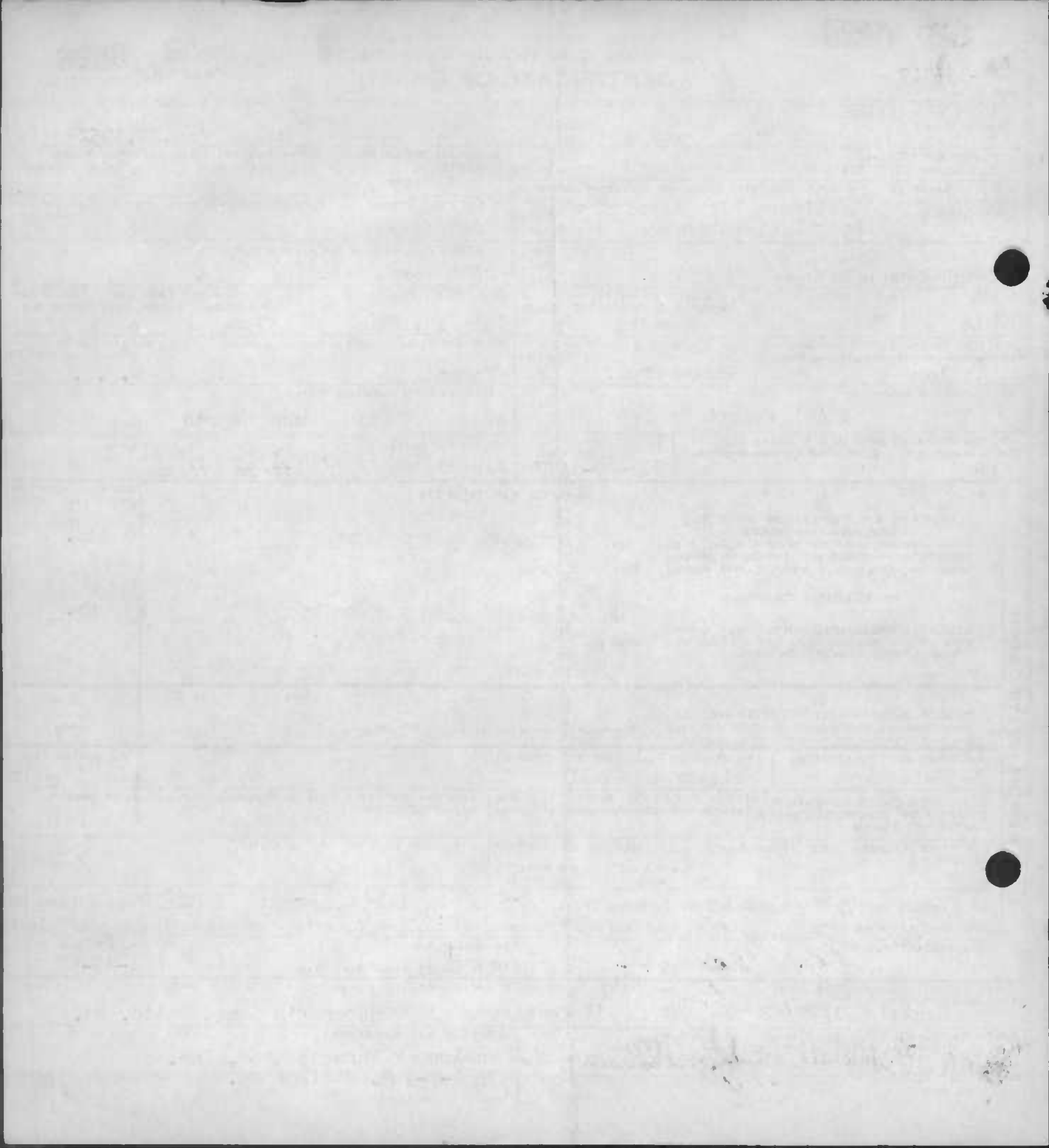
REGISTRAR'S SIGNATURE

JAN 28 1952

Huntington Williams, M.D. Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0827**

640
52 0827

1. NAME OF DECEASED (Type or Print) LEROY		2. DATE OF DEATH Jan. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) 1502 Parrot Court		26-56	
Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH Oct 1932 19	
5. SEX male	6. COLOR OR RACE colored	9. AGE (In years last birthday)	10. Under 1 Year Months; Days
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		11. BIRTHPLACE (State or foreign country) Durham - N.C.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bethlehem Steel Corp. laborer		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Herb J. Ferrell		14. MOTHER'S MAIDEN NAME Lorraine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Eaton		ADDRESS 519 High St. Durham	

18. 32210 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral edema DUE TO acute alcoholism		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential epilepsy		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

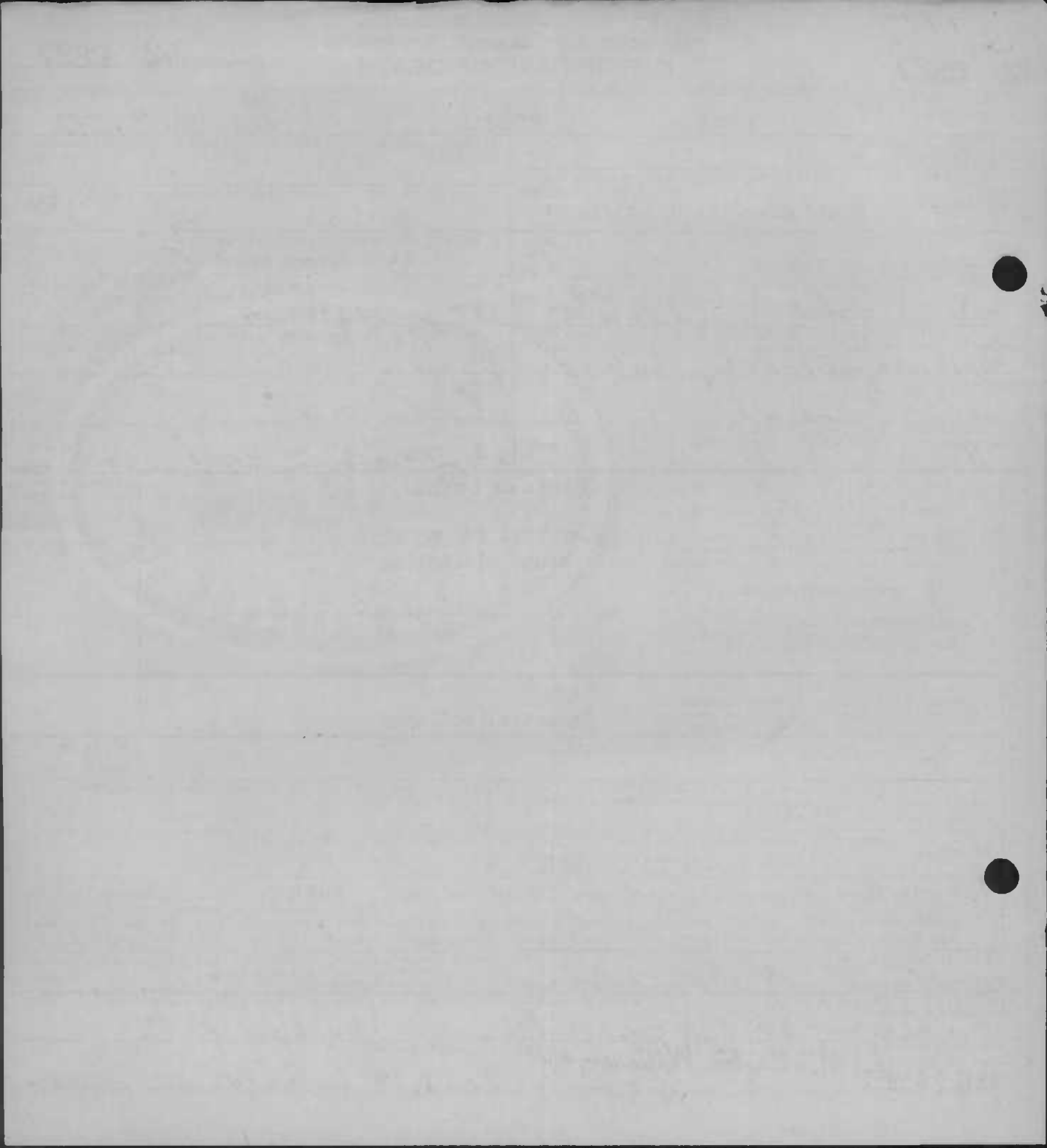
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley K. Duncanson M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	23C. DATE SIGNED Jan. 26, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-30-52	24C. NAME OF CEMETERY OR CREMATORY Barbers Chapel	24D. LOCATION (City, town, or county) (State) Durham N.C.
DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles A. Salter ADDRESS 802 Madison Ave.	

V S 151 **9520** **970 3A** **85** ✓

MEDICAL CERTIFICATION



652
52 0828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0828
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John E. Franklin</i>		2. DATE OF DEATH <i>Jan - 24 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>400 E. 23rd St.</i>		C. CITY OR TOWN (If outside corporate limits, write RUTLAND and give Township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>400 E. 23rd St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>12/7/1900</i>	9. AGE (In years last birthday) <i>51</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		11. KIND OF BUSINESS OR INDUSTRY <i>Contractors</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>John Franklin</i>		14. MOTHER'S MAIDEN NAME <i>Maggie Jones</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-10-1886</i>		17. INFORMATION ADDRESS <i>Madelene Nordend 400 E. 23rd St.</i>	

18. <i>198.1</i>	CAUSE OF DEATH <i>Carcinoma gland neck</i>	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO (B) DUE TO (C)

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> ND <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *18*, to *19*, that I last saw the deceased alive on *19* and that death occurred at *8:30 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE *Paul A. Johnson* M. D. 23B. ADDRESS *2329 Joseph L. Ave 25-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *1-28-52* 24C. NAME OF CEMETERY OR CREMATORY *Mt. Calvary* 24D. LOCATION (City, town or county) (State) *A. A. County. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JAN 28 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Robert H. Jones* ADDRESS *1532 E. Pennsylvania St.*

MEDICAL CERTIFICATION

2000

UNITED STATES AIR FORCE

VALLEY
CLIFFS
MEMORANDUM
GOVERNMENT

500
52 0829
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0829

1. NAME OF DECEASED (Type or Print) MR. THOMAS KEANE		2. DATE OF DEATH 1/27/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Bon Secours Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland, B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Kenwood Rd. & Bay Drive, Riviera Beach, Md.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/30/90
9. AGE (In years last birthday) 60		10. BIRTHPLACE (State or foreign country) Ireland	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Keane		14. MOTHER'S MAIDEN NAME Budget Daly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-05-8207	
17. INFORMANT Thomas Keane Jr.		ADDRESS Kenwood Rd. & Bay Dr	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Thrombosis DUE TO Infected Carbuncle DUE TO Diabetes		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/20/51 , 19 51 , to 1/27 , 19 52 , that I last saw the deceased alive on 1/27 , 19 52 , and that death occurred at 12 m., from the causes and on the date stated above.			
23A. SIGNATURE C. Colgate		23B. ADDRESS Bon Secours Hospital	
23C. DATE SIGNED 1/27/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/30/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cn.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY JAN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR James J. Jones		ADDRESS 40018 Ritchie Hwy.	

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624
52 0830BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0830
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HEIMO OLAVI TORKKELI		2. DATE OF DEATH January 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RAIL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Anchorage Hotel, 822 S. Broadway	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH 7-25-17
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman, A.B.		10B. KIND OF BUSINESS OR INDUSTRY SHIPPING	9. AGE (In years last birthday) 34
13. FATHER'S NAME Wilhoi Torkkeli		11. BIRTHPLACE (State or foreign country) Kivenappi, Finland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? FINLAND	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT FINN KISA CONNOR		ADDRESS BALTA, MD	

18. E975X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of Broadway	
21D. TIME (Month) (Day) (Year) (Hour) Jan. 18, 1952 10:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Jumped into harbor	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Louder		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED Jan. 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24B. DATE 1-28-52		24C. NAME OF CEMETERY OR CREMATORY GREEN MOUNT	
DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams MD		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
VS 151		25. FUNERAL DIRECTOR JOHN R. MITCHELL		ADDRESS 1900 EUTAW PLACE	

520
52 0831BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0831

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Brooke Jones

2. DATE
OF
DEATH

January 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

none

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Wyman Park Apartments

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

May 2, 1879

9. AGE (In years last birthday)

72

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

F. Edward Pannell Brooke

14. MOTHER'S MAIDEN NAME

Harriet M.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Dunham Eyre - 4613 Roland Ave.

18. 422.1 and E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fractured Hip

OR ASST. MEDICAL EXAMINER.

40 or 5 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 27, 1952 11 am.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall while attempting to get to bathroom

22. I hereby certify that I attended the deceased from Jan 23, 1952, to Jan 27, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 11:30 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2823 St. Paul St.

1 - 28 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1 - 30 - 52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

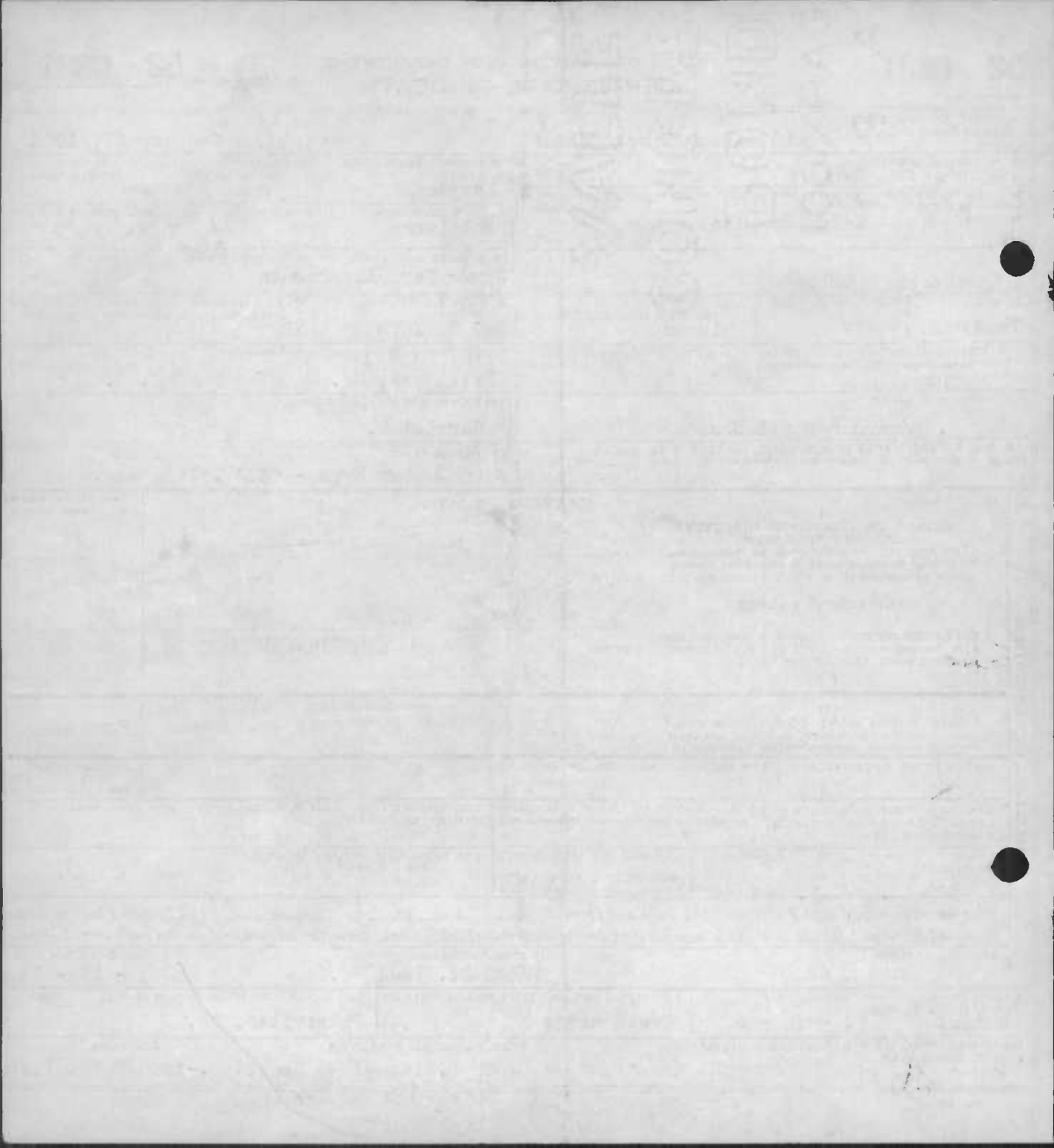
John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 150

N-870.0

approval by Medical Examiner

937



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0832**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allan S Devon

2. DATE
OF
DEATH

Jan 25 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St Josephs Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4623 Ridgeway Ave.

C. Length of stay in Baltimore

**12- Yrs.
Mos.
Days**

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 15, 1914.

9. AGE (In years
last birthday)

37.

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sexton

10B. KIND OF BUSINESS OR
INDUSTRY

**Kenwood
Presby Church**

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Devon

14. MOTHER'S MAIDEN NAME

Jessie Burchard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Joseph Devon 4623 Ridgeway Ave.

18. **353.2**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Status Epilepticus

2 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 25, 1948**, to **Jan 25, 1952**, that I last saw the
deceased alive on **Jan. 22, 1952**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Adrian J. Lewis

23B. ADDRESS

6232 Balair Road

23C. DATE SIGNED

Jan. 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

I- 28-1952.

24C. NAME OF CEMETERY OR CREMATORY

Moreland M. P. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D. Inglewood Funeral Home 7401 Balair Rd.

Mary Bowers
Mercy Hosp.

620
0833BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0833

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RENA E. HARRIS			2. DATE OF DEATH Jan. 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY 20-02		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 21 N. Smallwood St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 21 N. Smallwood St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 8, 1875	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Wash., D. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John L. Simm			14. MOTHER'S MAIDEN NAME Mary A. King		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. William H. Harris-21 N. Smallwood St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO Cardio-vascular Disease DUE TO 7 yrs	CAUSE OF DEATH Acute Pulmonary Edema Cardio-vascular Disease 7 yrs	INTERVAL BETWEEN ONSET AND DEATH 1 hr 7 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1944**, 19__, to **Jan. 26, 1952**, that I last saw the deceased alive on **Jan. 26, 1952**, and that death occurred at **9 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas E. Todd	23B. ADDRESS M. D. 2108 St Paul St	23C. DATE SIGNED 1/28/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/29/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Bickney & Sons	ADDRESS 93D Balto 17, Md.

1120

WATTEY

BOND

CONTRACTS

U. S. A.

000
0834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0834

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. PHILLIP P. SHEA

2. DATE OF DEATH

1-26-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

Frederick + Thistle Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 15, 1868

9. AGE (in years last birthday)

83

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Glass Blower (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Glass Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Shea

14. MOTHER'S MAIDEN NAME

Bridget McElroy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. John Shea - Borth Beach, Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Heart Failure

DUE TO

Hypertension + sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary hypertrophy +

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25/52 to 1/26/52 that I last saw the deceased alive on 1/26/52 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

[Signature]

M. D.

St. Agnes Hospital

1/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

26. [Signature] 27. [Signature]

MEDICAL CERTIFICATION

For the purpose of this certificate, please write the causes of death clearly & legibly.

261
52 0835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0835
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sister Marcella McGarvey</i>			2. DATE OF DEATH <i>1-28-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6420 Reisterstown Road</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>The Seton Institute</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		
5. LENGTH OF STAY IN BALTIMORE <i>over 5 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>6420 Reisterstown Road</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>June 22, 1884</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Catholic Sister</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Tyrone, Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James McGarvey</i>			14. MOTHER'S MAIDEN NAME <i>Beatrice Conway</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>The Seton Institute, Baltimore 15, Md.</i>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i>	CAUSE OF DEATH (A) DUE TO <i>General arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>242</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hemiplegia, left; Diabetes mellit. Varicose ulcers</i>	(B) DUE TO (C)	<i>8 year</i> <i>7 month</i> <i>4 month</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *October 1957* to *Jan. 28, 1952* that I last saw the deceased alive on *Jan. 27, 1952* and that death occurred at *7 a. m.* from the causes and on the date stated above.

23A. SIGNATURE *Walter A. J. J. J.* M. D. 23B. ADDRESS *3703 Clark's Lane* 23C. DATE SIGNED *Jan. 28, 52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 30/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Seton</i>	24D. LOCATION (City, town, or county) (State) <i>Seton Institute</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 28 1952</i>		25. FUNERAL DIRECTOR <i>Thurington Williams, 112 S. E. 1st St. Balto.</i>	

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

300
52 0836BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 0836

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A Baltimore City, Maryland 304 Charles

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial failure

1/27/52

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7-16-1952, to 1-27-1952, that I last saw the
deceased alive on 1/26/1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

VS 150

131a

1891
1/3

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0837**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE Chambers JEFFREYS (eries)

2. DATE OF DEATH **Jan. 26, 1952**

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
a. STATE **Maryland** b. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

624 Greenwillis Street

length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX
female

6. COLOR OR RACE
colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
7-?-1889

9. AGE (In years last birthday)
62

If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
run home

11. BIRTHPLACE (State or foreign country)
Ind.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Chambers

14. MOTHER'S MAIDEN NAME
Harriet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Wm. Jeffries - greenwillis st.

18. **4-1-1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

23c. DATE SIGNED

Jan. 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

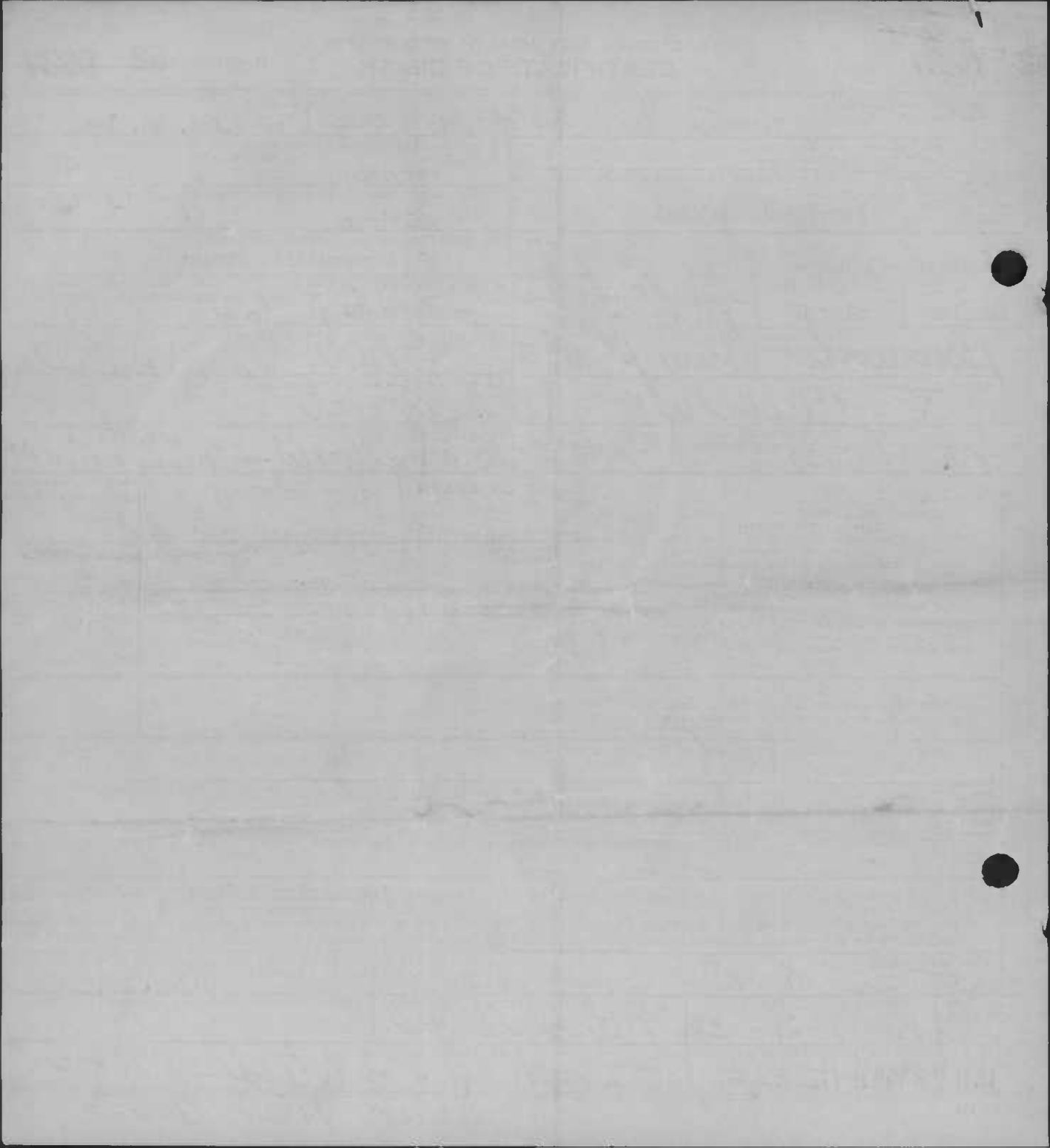
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



635
52 0838
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0838

1. NAME OF DECEASED (Type or Print) <i>William Fridinger</i>			2. DATE OF DEATH <i>1-26-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland, Carroll</i> b. COUNTY <i>5000</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Maryland</i>		
c. Length of stay in Baltimore <i>12</i> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>Hampstead (Manchester)</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/2/88</i>	9. AGE (In years last birthday) <i>63</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unemployed</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10b. KIND OF BUSINESS OR INDUSTRY <i>Reti</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>William Fridinger</i>			14. MOTHER'S MAIDEN NAME <i>Mary Geigling</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Irene B. Kirk, Manchester, Md.</i>			ADDRESS		

18. *XXX I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
meningioma left frontal lobe - Post operative
CAUSE OF DEATH
(A) *meningioma left frontal lobe - Post operative*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <i>18 Jan 52</i>		19b. MAJOR FINDINGS OF OPERATION <i>meningioma left frontal lobe</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *14 Jan 1952* to *26 Jan 1952*, that I last saw the deceased alive on *26 Jan 1952*, and that death occurred at *12:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE *George D. Smith* M. D. 23b. ADDRESS *University Hospital* 23c. DATE SIGNED *26 Jan 52*

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/29/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Manchester Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Manchester Carroll Co Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>A. B. Winn</i>		ADDRESS <i>Manchester Md</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

Form 100

7-14-40



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY BALT	
CITY (If outside corporate limits, write RURAL and give nearest town) Catonsville		CITY (If outside corporate limits, write RURAL and give nearest town) Arbutus	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Convalescent Home		STREET ADDRESS (If rural, give location) 1301 Sulphur Spring Rd. 6300	
3. NAME OF DECEASED (Type or Print) BLANCHE V MARSHALL		4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 52	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 13, 1872
9. AGE last birthday 79 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William F. Putnam		14. MOTHER'S MAIDEN NAME Eveline Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT Bessie Dorney		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) CHRONIC MYOCARDITIS		3 yrs.	
Antecedent cause(s) (b) ARTERIO SCLEROSIS		3 yrs.	
Disenses or conditions, if any, giving rise to the above cause stating the underlying cause last (c) CHRONIC CHOLIO*EEPHTITIS (cholelithiasis)		1 yr.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19 49 , to Jan 22, 19 52 , that I last saw the deceased on Jan 22 52 , and that death occurred at 7.40P m., from the causes and on the date stated above.			
SIGNATURE William F. Putnam M.D.		ADDRESS 1711 Selma Ave.	
DATE SIGNED 1/24/52			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 1/25/52	
NAME OF CEMETERY OR CREMATORY National Capitol Memorial		LOCATION (City, town, or county) (State) Pk. Laurel, Maryland	
DATE RECEIVED BY LOCAL REG. JAN 28 1952		24. FUNERAL DIRECTOR Joseph T. Ambrose 1328 Sulphur Spring Rd.	

Phoned Hood Home 1/30/52
spelling corrected ES

636

52 0840

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0840

1. NAME OF DECEASED (Type or Print) CHARLES KRIDER			2. DATE OF DEATH Jan. 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Delaware B. COUNTY V-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Milford		
C. Length of stay in Baltimore ? 15 days			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/5/80		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deckhand		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Krider			14. MOTHER'S MAIDEN NAME Mary Salmon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of stomach with metastases to liver		INTERVAL BETWEEN ONSET AND DEATH Approx. 8 mos.
DUE TO Antecedent Causes		
(A) Bronchopneumonia, acute		Unknown
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan. 12, 1952** to **Jan. 27, 1952**, that I last saw the deceased alive on **Jan. 27, 1952**, and that death occurred at **5:55A** m., from the causes and on the date stated above.

23A. SIGNATURE **John L. Wilson** 23B. ADDRESS **US PHS Hospital, Balto, Md.** 23C. DATE SIGNED **1/28/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. NAME OF CEMETERY OR CREMATORY	24C. LOCATION (City, town, or county) (State)
Burial	Jan. 30, 1952 Odd Fellows	Milford, Del.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JAN 28 1952	Huntington Walligues, Md.	John O. Mitchell Home 1900 Easton Pl.

550
52 0841BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0841

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. M. Januarius Shannon

2. DATE

OF

DEATH Jan. 27, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 901 Aisquith St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Motherhouse of Notre Dame

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Massachusetts

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Cambridge

D. STREET ADDRESS (If rural, give location)

6 Manasses Av.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 3, 1896

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days

2

24

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

Teacher

11. BIRTHPLACE (State or foreign country)

Roxbury Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Shannon

14. MOTHER'S MAIDEN NAME

Mary Mc. Carty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. M. Stan. Kostka 901 Aisquith Street

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Calcemia
SarcomaSey road
Carry

10 days

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from Nov. 9, 19 51, to January 26, 19 52 that I last saw the
deceased alive on Jan. 26, 19 52, and that death occurred at 4.45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. Stearns

M. D.

23B. ADDRESS

2818 Dafford Rd

23C. DATE SIGNED

1-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

January 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Villa Maria Cemetery

24D. LOCATION (City, town, or county)

(State)

Notch Cliff nr Towson, Balto. Co.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D.

Charles S. Seiler

901 S. Conkling St.

Harford
and
2 1/2

212

CERTIFICATE CORRECTED 1-29-52

BALTIMORE CITY HEALTH DEPARTMENT

52 0842

52 0842

THOMAS WARD

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Thorvald B. Jacobsen

2. DATE
OF
DEATH

1-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

S. B. B. N.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-54

D. STREET ADDRESS (If rural, give location)

4040 6th St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

7-7-1893

9. AGE (in years last birthday)

57-58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

DENMARK

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNK.

14. MOTHER'S MAIDEN NAME

UNK.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes.

WW I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 443 X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Cerebral vascular accident -
Hemorrhage (?)

DUE TO

(B)

hypertensive C.V.D.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26-1952, to 1-27-1952, that I last saw the deceased alive on 1-27-1952, and that death occurred at 5:55 am., from the causes and on the date stated above.

23A. SIGNATURE

Yung-Asing Wong

M. D.

23B. ADDRESS

1213 8th Street

23C. DATE SIGNED

1-27-1952

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-30-52

24C. NAME OF CEMETERY OR CREMATORY

Reda Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

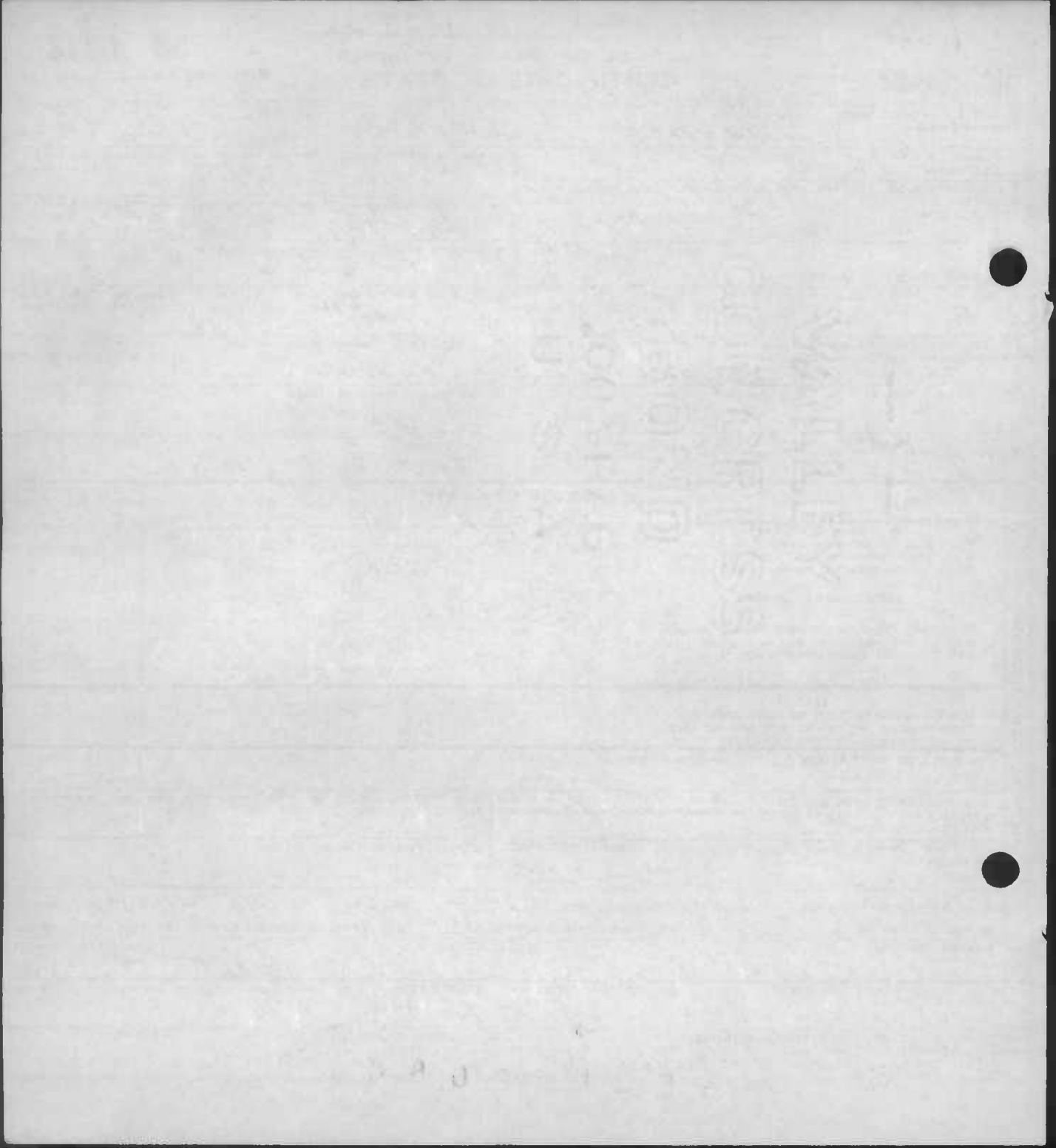
J. L. Lee

JAN 28 1952

VS 150

937

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0843**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Paul Leo Shea			2. DATE OF DEATH 1/27/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore		
5. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 637 Larvey St. #30		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 19, 1888		9. AGE (in years last birthday) 63.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10B. KIND OF BUSINESS OR INDUSTRY GREIL CO.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ALEXANDER			14. MOTHER'S MAIDEN NAME MARY SNYDER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS FAMILY - SAME	

18. 4/22/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Pulmonary embolism?	INTERVAL BETWEEN ONSET AND DEATH minutes
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cardiac decompensation	6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Arteriosclerotic Cardiovascular disease	?

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-25-1952 to 1-27-1952 that I last saw the deceased alive on 1-27-1952 , and that death occurred at 4:45 pm., from the causes and on the date stated above.					
23A. SIGNATURE M. J. [Signature]		23B. ADDRESS Md. Gen Hosp.		23C. DATE SIGNED 1-27-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 1-31-52	24C. NAME OF CEMETERY OR CREMATORY Louisa Park	24D. LOCATION (City, town, or county) (State) BALTO
DATE RECEIVED BY REGISTRAR JAN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR 108 3rd St. [Signature]	

MEDICAL CERTIFICATION

DO NOT WRITE IN THESE SPACES. IF ANY CHANGES ARE MADE, PLEASE WRITE THE REASON FOR THE CHANGE IN THESE SPACES.

3180

SC

STATION 101-102

101-102

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STATION 101-102

CERTIFICATE CORRECTED 2/18/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0844

BIRTH NO. 612

1. NAME OF DECEASED
(Type or Print)

Helen Sharps

2. DATE OF DEATH

Jan 28, '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hosp. & L

C. CITY OR TOWN

Balt. CUMBERSTONE, Md

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

LIFE 4

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

Female

Colored

single

Sept 27, 1951

4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

infant

Cumbersome Md

U.S.

13. FATHER'S NAME

Milton Sharps

14. MOTHER'S MAIDEN NAME

Helen Lucille Tongue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. *771.0 I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Dehydration - Ac. Dos. s.

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Probably hemorrhagic disease

(over)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 27, 1952* to *Jan 28, 1952*, that I last saw the deceased alive on *Jan 28, 1952*, and that death occurred at *4:45 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE

M. E. Maltin

M. D.

23b. ADDRESS

Univ. Hosp.

23c. DATE SIGNED *Jan 28 52*

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

Jan 30, 1952

Chews

Owensville, O. O. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1952

Huntington Williams, M.D. & Son, Baltimore, Md

MEDICAL CERTIFICATION

See Document File 52-0844 for autopsy report
2/18/52 ES

CERTIFICATE CORRECTED 2/11/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Nora L. Foster

2. DATE
OF
DEATH

1-27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Agnes Hospital

Length of stay in Baltimore

1

Yrs.
Moor
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Oella Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-8-1911

9. AGE (in years last birthday)

40

10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Spinner

10B. KIND OF BUSINESS OR INDUSTRY

Woolen Mill

13. FATHER'S NAME

Moses S. Shufflett

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Minnie Bruce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-03-7049

17. INFORMANT

ADDRESS

James A. Foster, Oella Md.

18. *171X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Vaginal hemorrhage: malnutrition*
SECONDARY ANEMIA
METASTATIC CANCER.

DUE TO

ANTECEDENT CAUSES

(B) *from Cervix*

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1-27*, 1952 to *1-27*, 1952 that I last saw the deceased alive on *1-27*, 1952 and that death occurred at *11:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

George Altin

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

1-27-52

24A. BURIAL, CREMATION REMOVAL (Specify)

Burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Castory Sons, Ellicott City, Md.

ADDRESS

See Document File 52-0845

2/11/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0846

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jesse M (C) Penn		2. DATE OF DEATH JANUARY 25 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR PINECREST SANATORIUM INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oella	
C. Length of stay in Baltimore 1 Yrs. 1 Mos. 1 Days		D. STREET ADDRESS (If rural, give location) 66 Oella Avenue	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/10/1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Cornelius Penn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Cornell Hamlet Della		ADDRESS 66 Oella Avenue	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEMIPLEGIA - LEFT DUE TO Arteriosclerosis	CAUSE OF DEATH HEMIPLEGIA - LEFT DUE TO Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 5 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 27, 1950**, to **JANUARY 25, 1952**, that I last saw the deceased alive on **JAN 25, 1952**, and that death occurred at **5:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE
Melvin N. Boden
M. D.
23B. ADDRESS
5000 Old Frederick Road
23C. DATE SIGNED
1/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/29/52	24C. NAME OF CEMETERY OR CREMATORY Providence Cem.	24D. LOCATION (City, town, or county) (State) Howard Co Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Easton Son & Ellicott City ADDRESS 10010 93rd md	

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

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WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

52 0847
BIRTH NO

52 0847

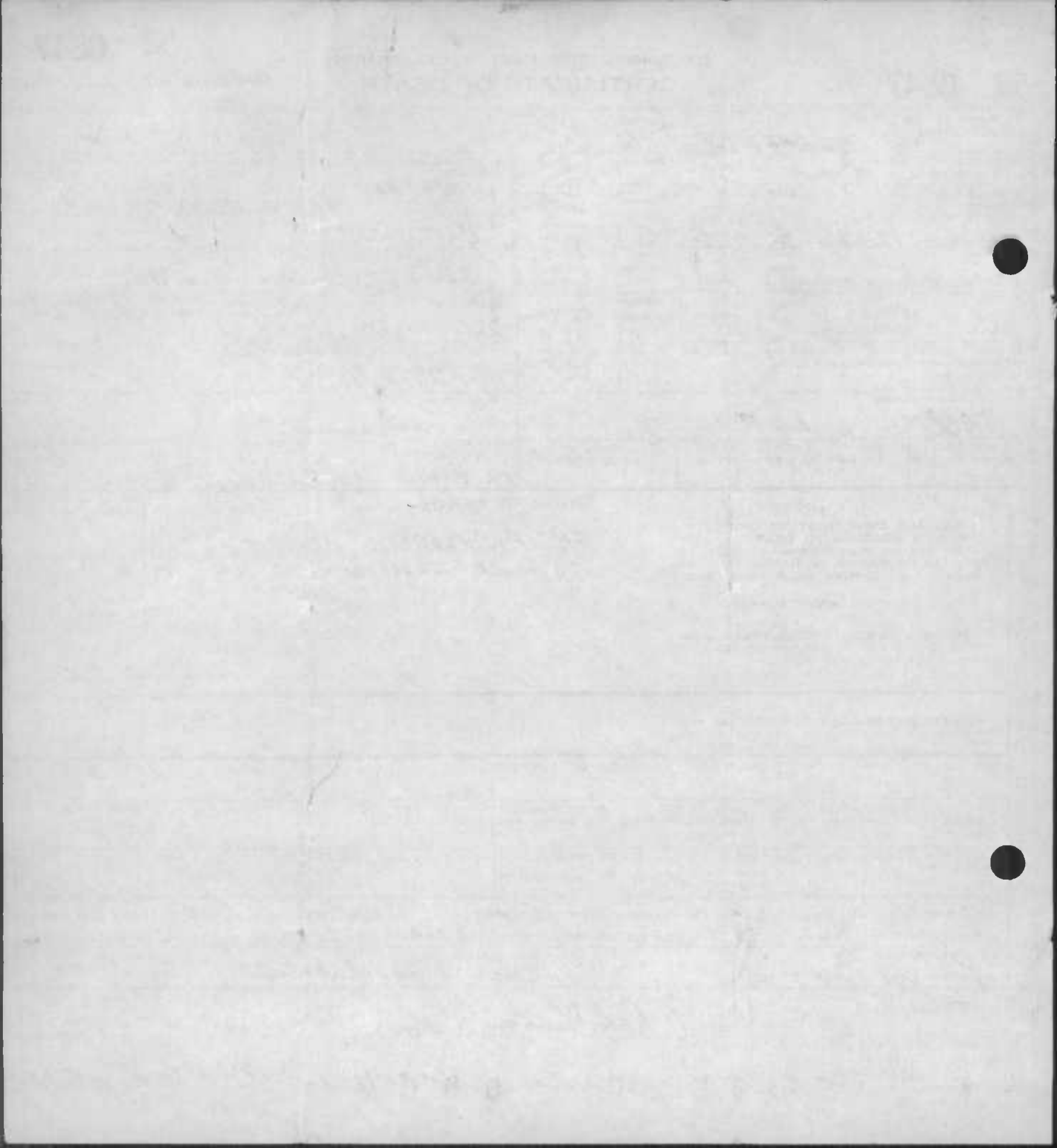
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO

NAME OF DECEASED (Type or Print) ADOLPH LANGFELDER		2. DATE OF DEATH 1-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2140 BROOKFIELD AVE.	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH DEC. 16, 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 84
13. FATHER'S NAME GABRIEL LANGFELDER		11. BIRTHPLACE (State or foreign country) AUSTRIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME (Unknown)	
17. INFORMANT MR. MELVIN LANGFELDER		ADDRESS (SAME) SON	
18. 4700 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) ARTERIOSCLEROTIC HEART DIS. (B) (C) ACUTE PULMONARY EDEMA INTERVAL BETWEEN ONSET AND DEATH ?			
19. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January 27, 1952, to Jan. 27, 1952, that I last saw the deceased alive on Jan. 27, 1952, and that death occurred at 8:25 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Richard Beach		23B. ADDRESS N. D. Union Memorial Hospital	
23C. DATE SIGNED 1-27-52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1/29/52	
24C. NAME OF CEMETERY OR CREMATORY Oheb Shalom Cem.		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JAN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. K. Meyer & Co.		ADDRESS 2432 Reisterstown Rd.	

937



635
52 0848BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0848

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

THURMAN J. HARTMAN

2. DATE
OF
DEATH

Jan. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp., Balto, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-04

c. Length of stay in Baltimore

35 years

D. STREET ADDRESS (If rural, give location)

3735 St. Victor Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 1, 1908

9. AGE (In years)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Racing Speculator

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lexington, N.C.

12. CITIZEN OF

WHAT COUNTRY?
USA

13. FATHER'S NAME

Emory M. Hartman

14. MOTHER'S MAIDEN NAME

Maretta Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT 3735 Saint Victor Street
Mrs. Katherine Hartman 25

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Right sided heart failure

1 hour

DUE TO

(C) Acute passive congestion

1 hour

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 25, 1952

19B. MAJOR FINDINGS OF OPERATION

Concussion of right lung

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?20. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 1952 to Jan. 26, 1952 that I last saw the deceased alive on Jan. 26, 1952 and that death occurred at 11:59 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Bossard

M. D.

23B. ADDRESS

Univ. Hosp. Balto Md

23C. DATE SIGNED

1-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/29/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALCO. 8 13, MD.

52 0849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0849
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEO JOSEPH LOGUE			2. DATE OF DEATH Jan. 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Texas B. COUNTY V-40		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN Houston (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 45 days Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 7939 West Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH 2/29/04	9. AGE (In years last birthday) 47	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck Engineer		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Ark.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John A. Logue			14. MOTHER'S MAIDEN NAME Winnie Avery		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 551-10-8734	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of gallbladder with wide-spread metastases (A) DUE TO (B) DUE TO (C) DUE TO	CAUSE OF DEATH Carcinoma of gallbladder with wide-spread metastases	INTERVAL BETWEEN ONSET AND DEATH Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 13, 1951**, to **Jan. 27, 1952** that I last saw the deceased alive on **Jan. 27, 1952**, and that death occurred at **12:50 PM** from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Medical Director	23B. ADDRESS US PHS Hospital, Balto, Md.	23C. DATE SIGNED 1/28/52
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	1-29-52	Walleas	Walleas, Texas

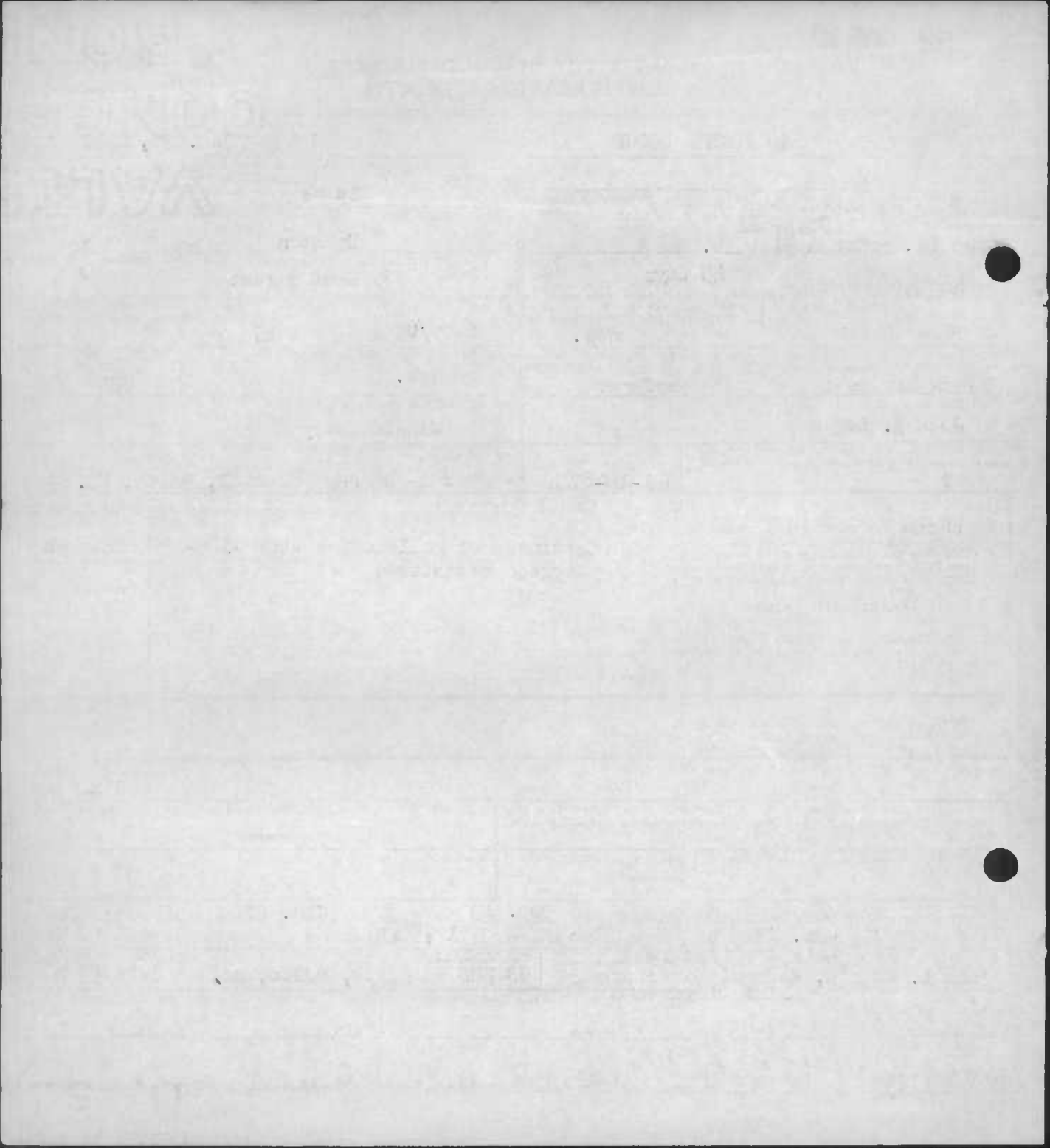
DATE RECEIVED BY LOCAL REGISTRAR JAN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 2503 Edmondson
--	---	---

VS 150

554 55

46F

MEDICAL CERTIFICATION



510
52 0850BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0850

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida B Lamley

2. DATE
OF
DEATH

January 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

743 Popular Grove St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

743 Popular Grove St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 24 1870

9. AGE (In years;
last birthday)

81

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Shannon

14. MOTHER'S MAIDEN NAME

Mary Blakney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

**

(If yes, give war or dates of service)

**

16. SOCIAL
SECURITY NO.

**

17. INFORMANT

ADDRESS

Russel Strawbridge (nephew) 745 Popular Grove

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5/15 1950, to 1/26 1952, that I last saw the
deceased alive on 1/25 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

Robert A. Reiter

M. O. 3408 Windsor Ave

1/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville Balto Co Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

JAN 29 1952

Huntington Williams, M.D.

J. Brubaker Jenkins 2713 Kirk Ave

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

WILLIAM H. SAWYER, PRINTERS

1900

620
52 0851BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary E Bowers

2. DATE

OF DEATH Jan 28-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Frank R. Pike

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. James Ferguson Red Lion Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute congestive heart failure

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) coronary artery disease

24?

(C) hypertension

24?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950 to Jan 28, 1952, that I last saw the deceased alive on Jan 28, 1952, and that death occurred at 10A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

Huntington Williams, M.D. 1401 Belair Rd.

Dr Lock.
2936 E Balto. St.

52 0852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0852
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. JOHNSON

2. DATE
OF
DEATH

January 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

117-02

D. STREET ADDRESS (If rural, give location)

1056 Penna. Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

Male

Colored

married

June - ? - 1904

47

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Cruiser

Tailor

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Tobias Johnson

14. MOTHER'S MAIDEN NAME

Lottie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mildred Johnson - 7. blueham

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Jan. 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-31-52

Mt. Auburn

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

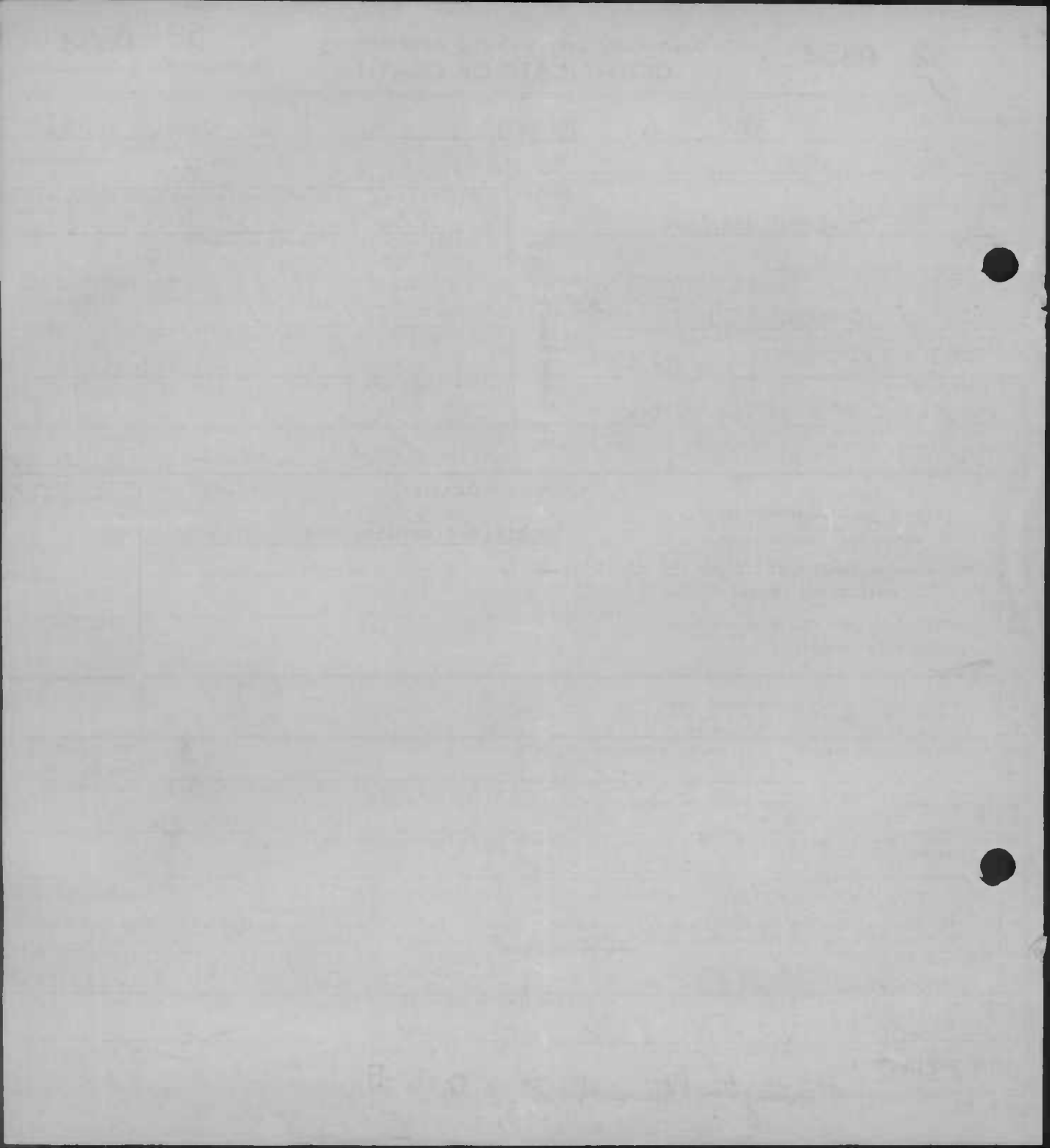
Huntington, Williams, Md.

A. J. Schstead - 918-

VS 151

6438 Edmund Hill Ave. 30E

MEDICAL CERTIFICATION



236.
52 0853BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0853
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Alice O. Boughter</i>		2. DATE OF DEATH <i>1-27-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>508 East Randall St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>24-04</i>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>508 East Randall St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 3, 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John H. Cole</i>		14. MOTHER'S MAIDEN NAME <i>Marion E. Bunion</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Lillie A. Jones</i>		ADDRESS <i>719 E. 41st St.</i>	

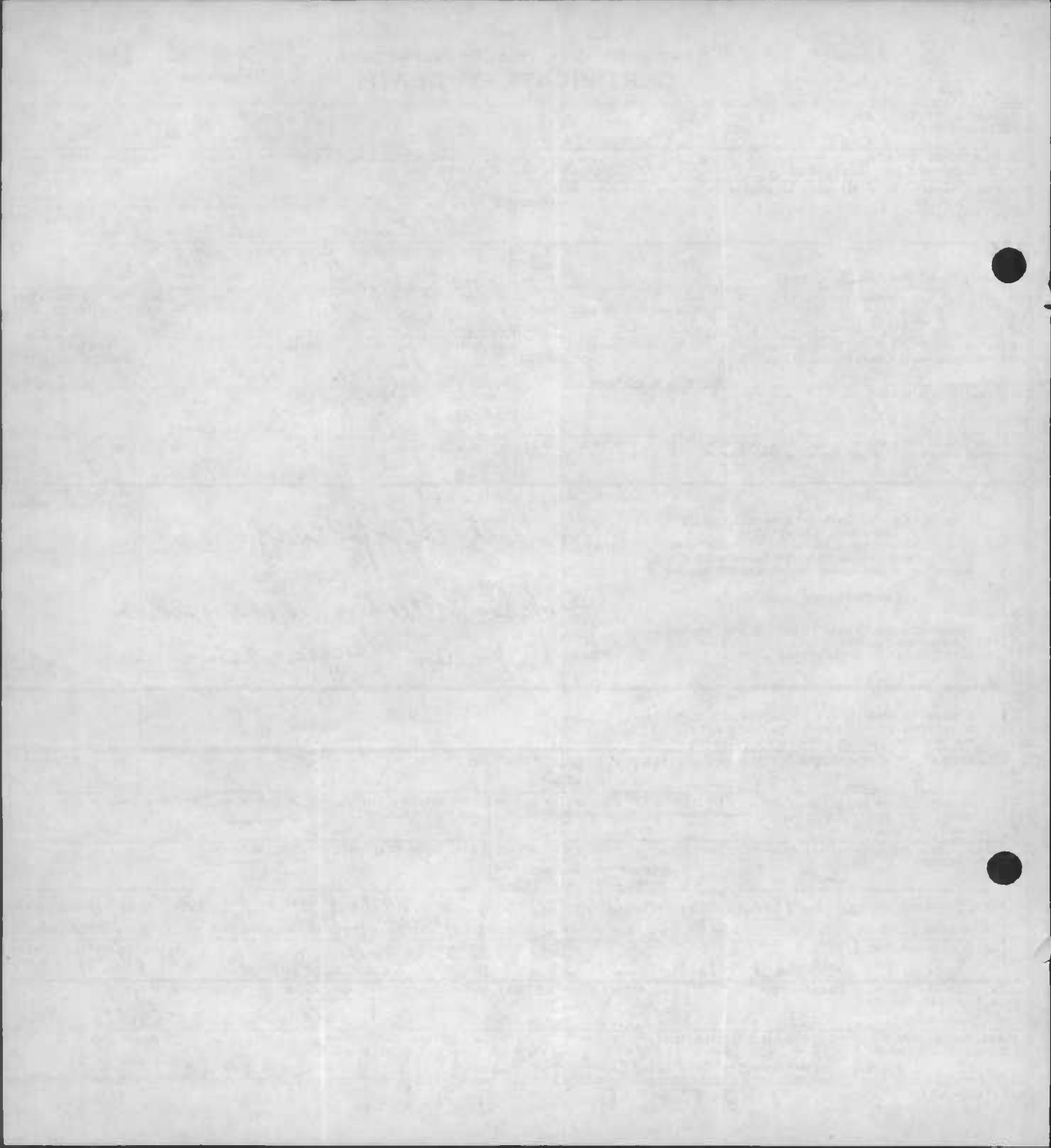
18. <i>260 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral apoplexy.</i>	CAUSE OF DEATH (A) <i>Cerebral apoplexy.</i> DUE TO (B) <i>Diabetes Mellitus, Arteriosclerosis</i> DUE TO (C) <i>hypertension, Ungraditis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 1</i> , 19 <i>51</i> , to <i>Jan 27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Jan 25</i> , 19 <i>52</i> , and that death occurred at <i>11:00 AM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John G. Scheurich</i>		23B. ADDRESS <i>1337 S. Charles St.</i>		23C. DATE SIGNED <i>1/27/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-30-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) <i>Eastern Ave. - Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 29 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		ADDRESS <i>2425 E. Oliver St.</i>			

JAN 29 1952

1952 0853

61



600
52 0854BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0854

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH BAUMAN CORE SR			2. DATE OF DEATH 1/27/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 784 LINNARD ST			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY 16-08		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 33 Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD 16-08		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 29-1859	9. AGE (In years last birthday) 91	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY CLERK HOTEL		11. BIRTHPLACE (State or foreign country) Ohio	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John CORE		14. MOTHER'S MAIDEN NAME ELLEN UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS JOSEPH CORE, 784 LINNARD ST	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 4221 I ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 5+ YRS			(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December, 1951 , to 1/27 , 19 52 , that I last saw the deceased alive on 1/26 , 19 52 and that death occurred at 7:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Thos E Towell		23B. ADDRESS M. D. 5629 Edmondson Ave		23C. DATE SIGNED 1/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 1/30/52		24C. NAME OF CEMETERY OR CREMATORY LORRAINE PARK CEM	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR Charles B. Towell		24F. ADDRESS 2427 EDMONDSON AVE	
DATE RECEIVED BY LOCAL REGISTRAR JAN 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

Mr T. E. Roach
3629 Edmundson Ave
Lo 1771

AT 10:30 AM
BALANCE 100.00

100.00
100.00

100.00
100.00

450
52 0855BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0855
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>ROSE ALLEN</u>			2. DATE OF DEATH <u>JAN 25, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>yes</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTIMORE</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 27-09</u>		
Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			O. STREET ADDRESS (If rural, give location) <u>4511 MARBLE HALL ROAD</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb. 15, 1876</u>	9. AGE (in years last birthday) <u>75</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Peter Edler</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <u>Mrs. Rose M. Baker- 5411 Marble Hall Rd.</u>		
			ADDRESS		

18. <u>584X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CHOLEDOCHOLITHIASIS</u> (A) <u>CHOLEDOCHOLITHIASIS</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>50 YEARS</u> <u>YEARS</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>DUODENAL FISTULA</u> DUE TO	<u>4 DAYS</u>
(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
CHOLECYSTITIS-CHRONIC-CHOLELITHIASIS

19A. DATE OF OPERATION <u>12/24-51</u>	19B. MAJOR FINDINGS OF OPERATION <u>COMMON BILE DUCT STONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/> <u>NO</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

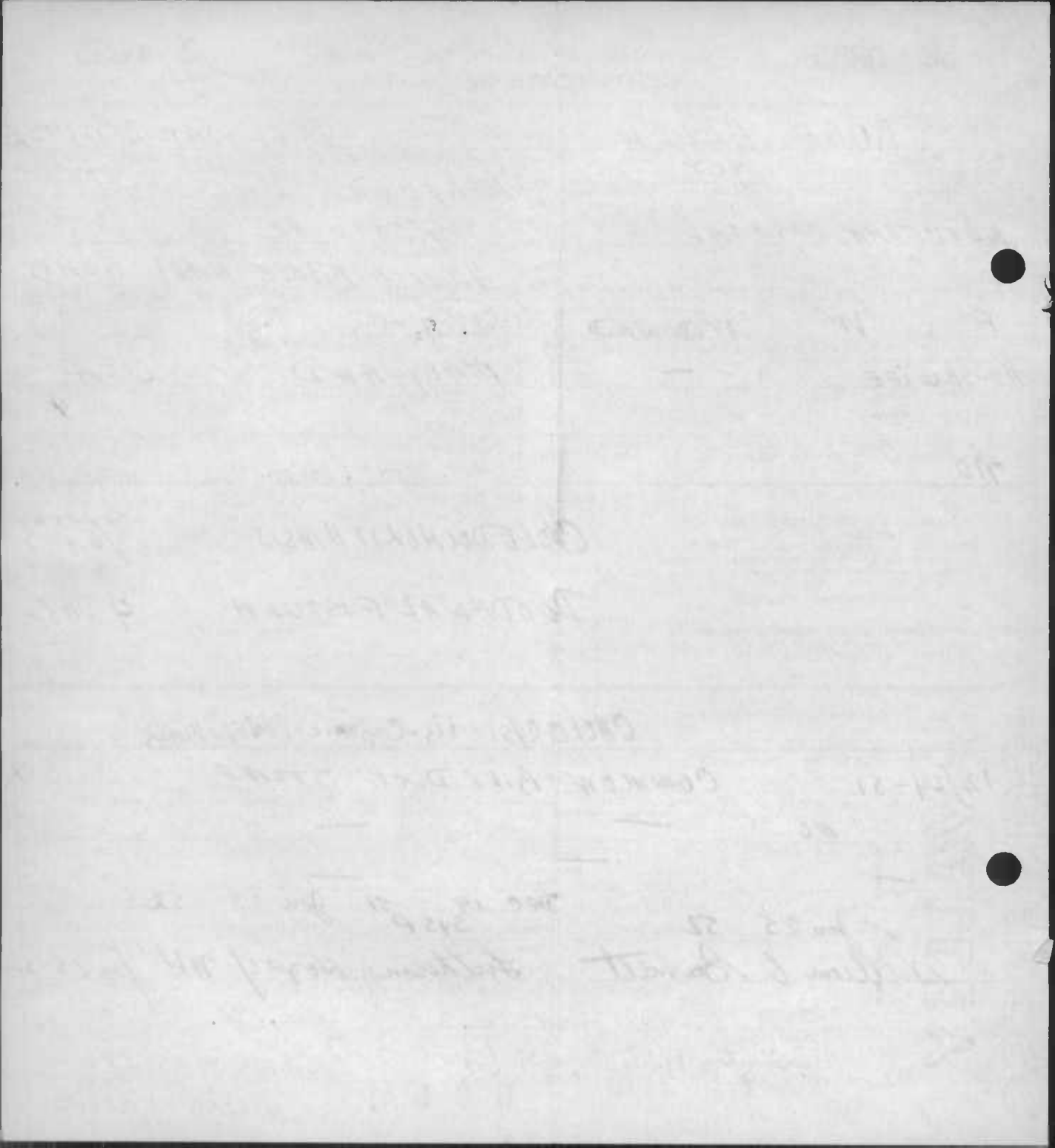
22. I hereby certify that I attended the deceased from Dec 19, 1951 to Jan 25, 1952 that I last saw the deceased alive on Jan 25, 1952 and that death occurred at 545 P.m., from the causes and on the date stated above.23A. SIGNATURE William O. Barnett M.D. 23B. ADDRESS Lutheran Hosp of Md 23C. DATE SIGNED Jan 25-52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>1/29/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 29 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>J. J. Tichenor & Sons</u>	ADDRESS

VS 150

0526000854

Balto 17, Md.
126



52 0856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATIE ZAPOLITZ

2. DATE
OF
DEATH

JAN. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1019 Low ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5-02

D. STREET ADDRESS (If rural, give location)

1019 Low ST

Length of stay in Baltimore

38

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

AARON BAER

14. MOTHER'S MAIDEN NAME

FLORENCE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. JOSEPH WEINER - 3002 TIGER PKWY

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1948, to Jan. 28, 1952, that I last saw the deceased alive on Jan. 28, 1952, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel B. Wolf

M. D.

23B. ADDRESS

1331 E. North Ave

23C. DATE SIGNED

1-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1/29/1952

24C. NAME OF CEMETERY OR CREMATORY

Trosedale

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

Huntington Williams, M.D. Jack Lewis Inc. - 2100 Eutan Pl.

93D

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and briefly.

1331 E. North Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0857**

52 0857

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY B. BRADY

2. DATE
OF
DEATH

1-27-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

md

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 10-01

d. STREET ADDRESS (If rural, give location)

1021 Homewood Ave

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 28, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Madeline R. Brady, 1021 Homewood Ave.

18. **4721**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

**Arteriosclerotic Cardio-
vascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McClafferty

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

1-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/30/52

Holy Redeemer

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

Huntington Williams, M.D.

Wm. C. B. Inc., 1217 E. Paul St.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

52 0858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0858
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN E. ROWE			2. DATE OF DEATH January 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07		
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 7201 Old Harford Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1915	9. AGE (in years last birthday) 36	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Store			10B. KIND OF BUSINESS OR INDUSTRY Schreiber Bros.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME Clyde P. Curry			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) --			16. SOCIAL SECURITY NO. 212-09-7603		
17. INFORMANT Richard M. Rowe, 7201 Old Harford Road			ADDRESS		

18. **E 916.01**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Bilateral pyelonephritis**~~SCURF~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Third degree burns of posterior chest and abdomen**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
7201 Old Harford Road 27-721D. TIME (Month) (Day) (Year) (Hour) OF INJURY
January 14, 195221E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

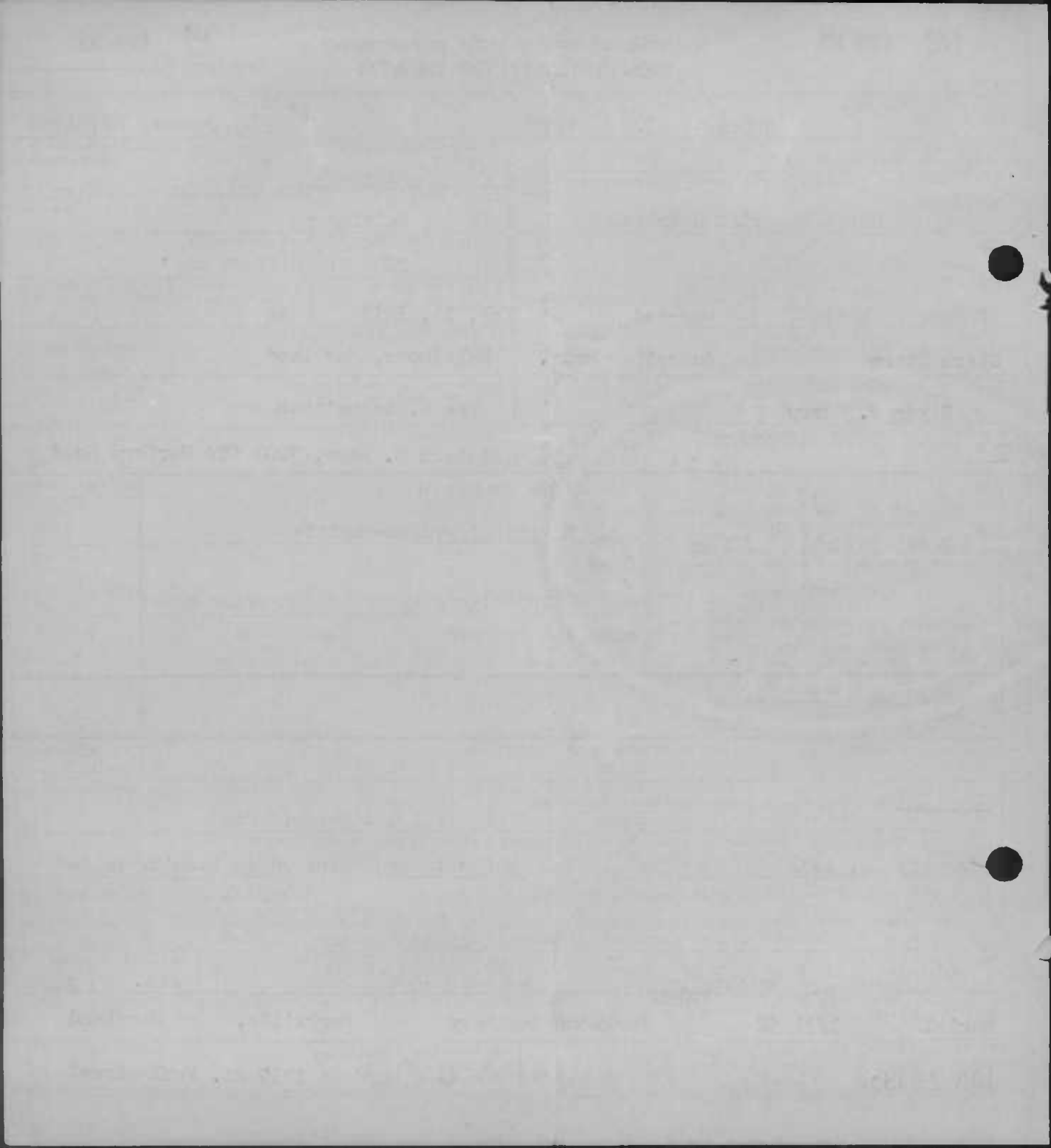
21F. HOW DID INJURY OCCUR?

Sustained burns while smoking in bed22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE
*William H. Davis*23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
Jan. 28, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
burial24B. DATE
1/31/5224C. NAME OF CEMETERY OR CREMATORY
Parkwood Cemetery24D. LOCATION (City, town, or county) (State)
Parkville, MarylandDATE RECEIVED BY LOCAL REGISTRAR
JAN 29 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street



52 0859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0859
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peter

Williams

2. DATE
OF
DEATH

1/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

505 W. West Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, City

D. STREET ADDRESS (If rural, give location)

505 W. West Street

c. Length of stay in Baltimore

10 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/22/1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Contracting, Co.

11. BIRTHPLACE (State or foreign country)

Warren, Co., N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Williams

14. MOTHER'S MAIDEN NAME

Lizzie Allgoog

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
213-20-5314

17. INFORMANT

ADDRESS

Helen Williams/505 W. West Street

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral hemorrhage*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

(C)
DUE TOOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 125 to 1/26, 1952, that I last saw the
deceased alive on 1/26, 1952, and that death occurred at 3 1/5 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

1/30/52

24C. NAME OF CEMETERY OR CREMATORY

Warren Co.,

24D. LOCATION (City, town, or county) (State)

North Carolina.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

Huntington Williams, M.D.

J. L. Brown - Montgomery St

0000 90

Page 5

STANDARD FORM NO. 64

1. PURPOSE

2. SCOPE

3. REFERENCES

4. DEFINITIONS

5. PROCEDURES

6. APPENDICES

7. RECORDS

8. REFERENCES

9. REFERENCES

10. REFERENCES

11. REFERENCES

12. REFERENCES

13. REFERENCES

14. REFERENCES

15. REFERENCES

16. REFERENCES

17. REFERENCES

18. REFERENCES

19. REFERENCES

214.
52 0860BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0860

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA M. Mc FALL.

2. DATE
OF
DEATH

Jan 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3324 Chestnut Ave

C. Length of stay in Baltimore

Life

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 21, 1888

9. AGE (in years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Daniel Mc Fall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME.

Ida E. Williams

17. INFORMANT

ADDRESS

Daniel W. Mc Fall 3324 Chestnut Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

2 hours

5 years

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY Thrombosis

DUE TO

(B) Arteriosclerosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1951, to Jan 26, 1952, that I last saw the
deceased alive on Jan 26, 1952, and that death occurred at 6:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Daves

M. D.

23B. ADDRESS

800 W 33rd St

23C. DATE SIGNED

1-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan 30/52

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's, Hampden

24D. LOCATION (City, town, or county)

3900 Roland Ave Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

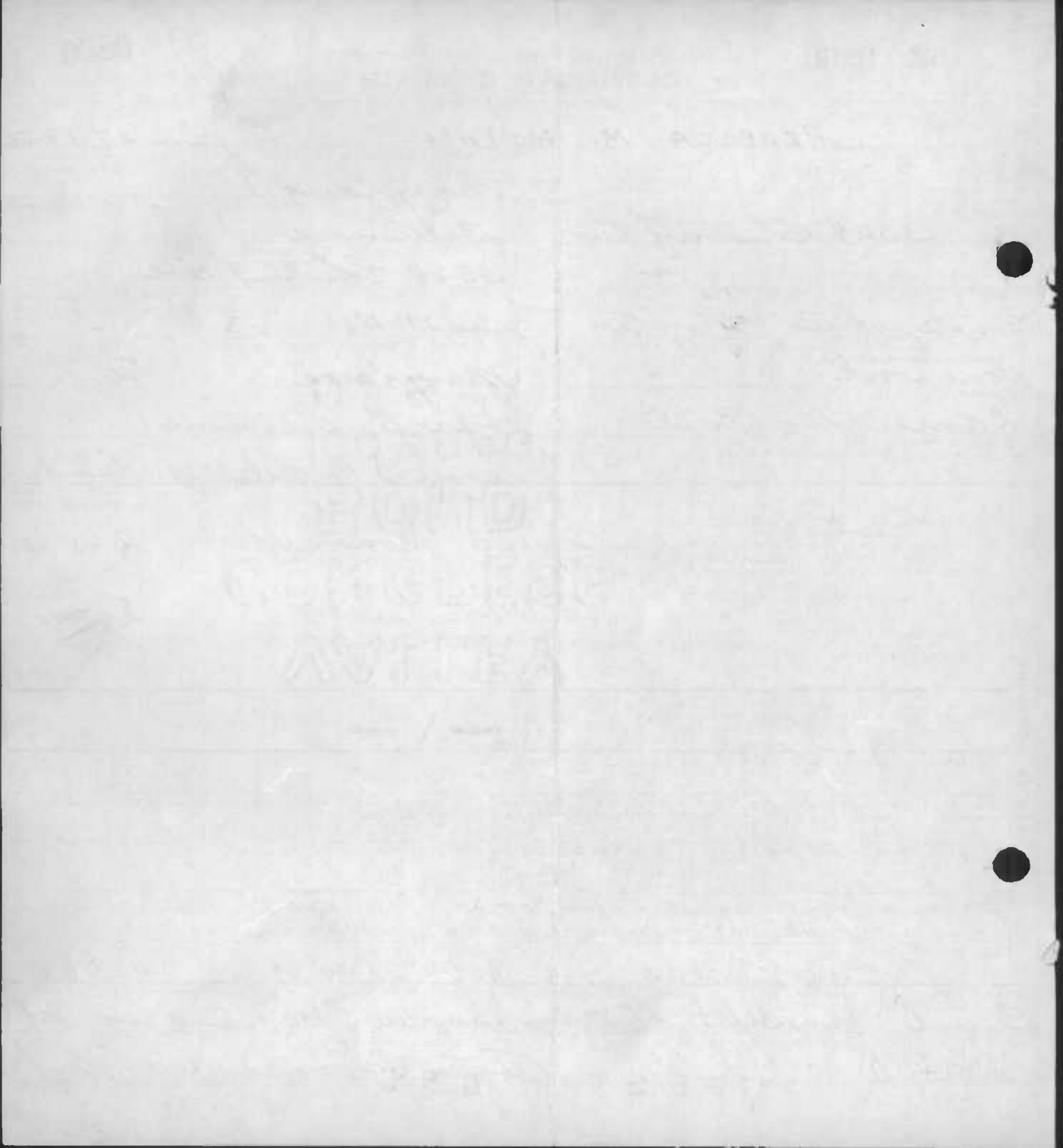
JAN 29 1952

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Bunting C. Sonoran 3818 Roland Ave



300
52 0861BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0861

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucille White

2. DATE
OF
DEATH

1.28.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

President Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Dundalk

D. STREET ADDRESS (If rural, give location)

102 Barterry Court Dayville 5300

5. SEX

Fe

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7.6.1901

9. AGE (In years,
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog-life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hampton Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Cook

14. MOTHER'S MAIDEN NAME

Maria Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maria Mitchell

18. 434.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.28. 1952 to 1.28. 1952 that I last saw the
deceased alive on 1.28. 1952 and that death occurred at 5th a. m., from the causes and on the date stated above.

23A. SIGNATURE

Egoniondekis

M. D.

23B. ADDRESS

President Hospital

23C. DATE SIGNED

1.28.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Jan 30/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

H A County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 29 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1129 N. Caroline St 93E

There is a little
more of it

There is a little
more of it

There is a little
more of it

52 0852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0852
Registered No.

BIRTH NO.

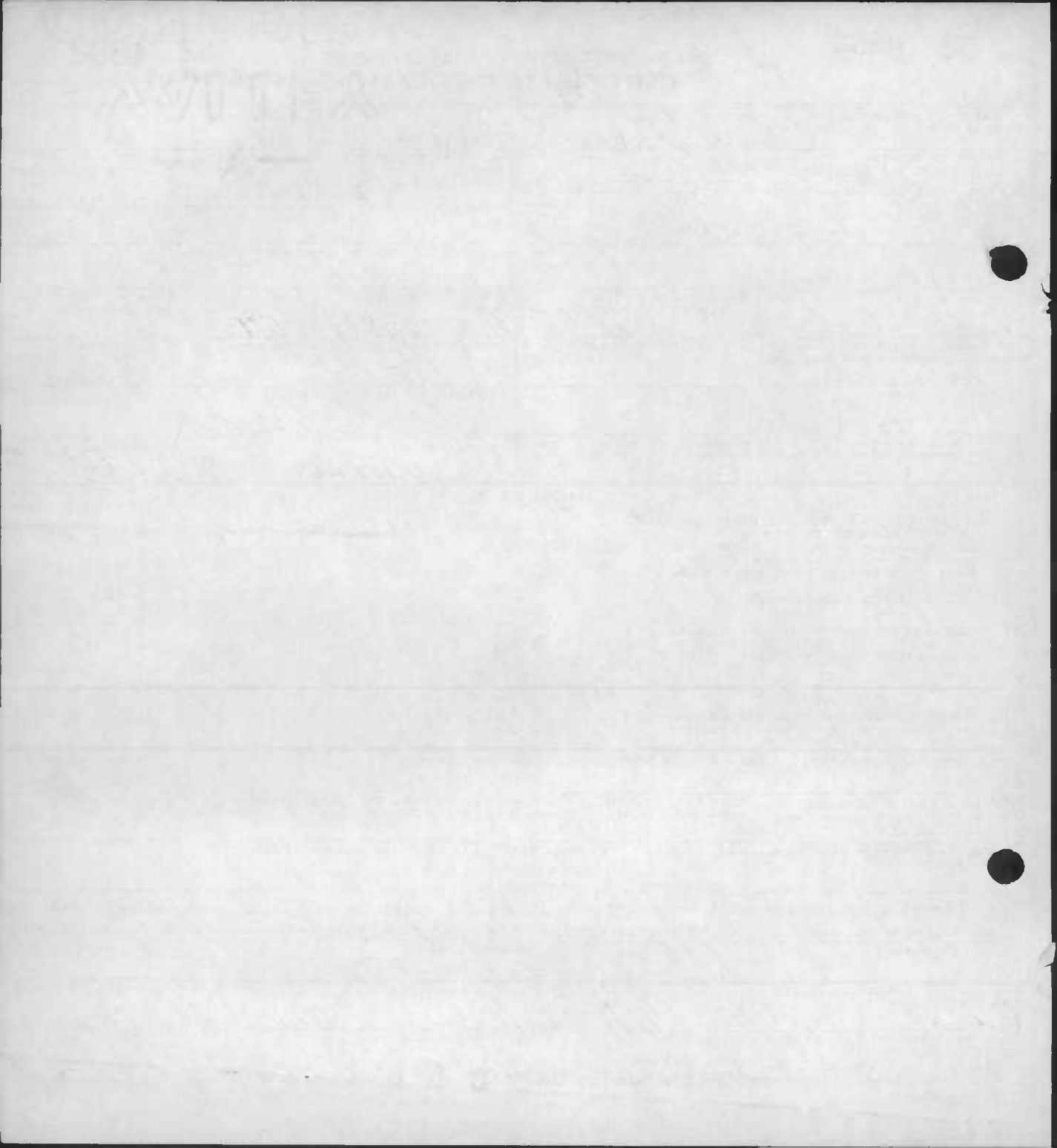
1. NAME OF DECEASED (Type or Print) <i>Clara Stanley Johnson</i>			2. DATE OF DEATH <i>1/25-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1409 Ward</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1409 Ward</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1409 Ward</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balti</i>		
D. LENGTH OF STAY IN BALTIMORE			D. STREET ADDRESS (If rural, give location) <i>1409 Ward</i> <i>21-02</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 12, 1894</i>		9. AGE (in years last birthday) <i>57</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balti. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Harris</i>			14. MOTHER'S MAIDEN NAME <i>Clara Johnson</i> ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Henry Johnson</i> ADDRESS <i>1409 Ward</i>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>490x I Lobar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1/5</i> , <i>1952</i> , to <i>1/25</i> , <i>1952</i> , that I last saw the deceased alive on <i>1/25</i> , <i>1952</i> , and that death occurred at <i>10 P.</i> m., from the causes and on the date stated above.				

23A. SIGNATURE <i>Bruce R. Williams</i>	23B. ADDRESS <i>M.D. 2139 J. St.</i>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/30/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>	ADDRESS <i>W. Schrock St.</i>



400
52 0863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0863

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Helen Savage Hall</i>		2. DATE OF DEATH <i>1.26.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-04</i>	
D. STREET ADDRESS (If rural, give location) <i>2027 Rayner Ave.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12.22.1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Balto.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Davis</i>		14. MOTHER'S MAIDEN NAME <i>Lula Earnest</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Jesse Hall</i>		ADDRESS <i>2027 Rayner St.</i>	

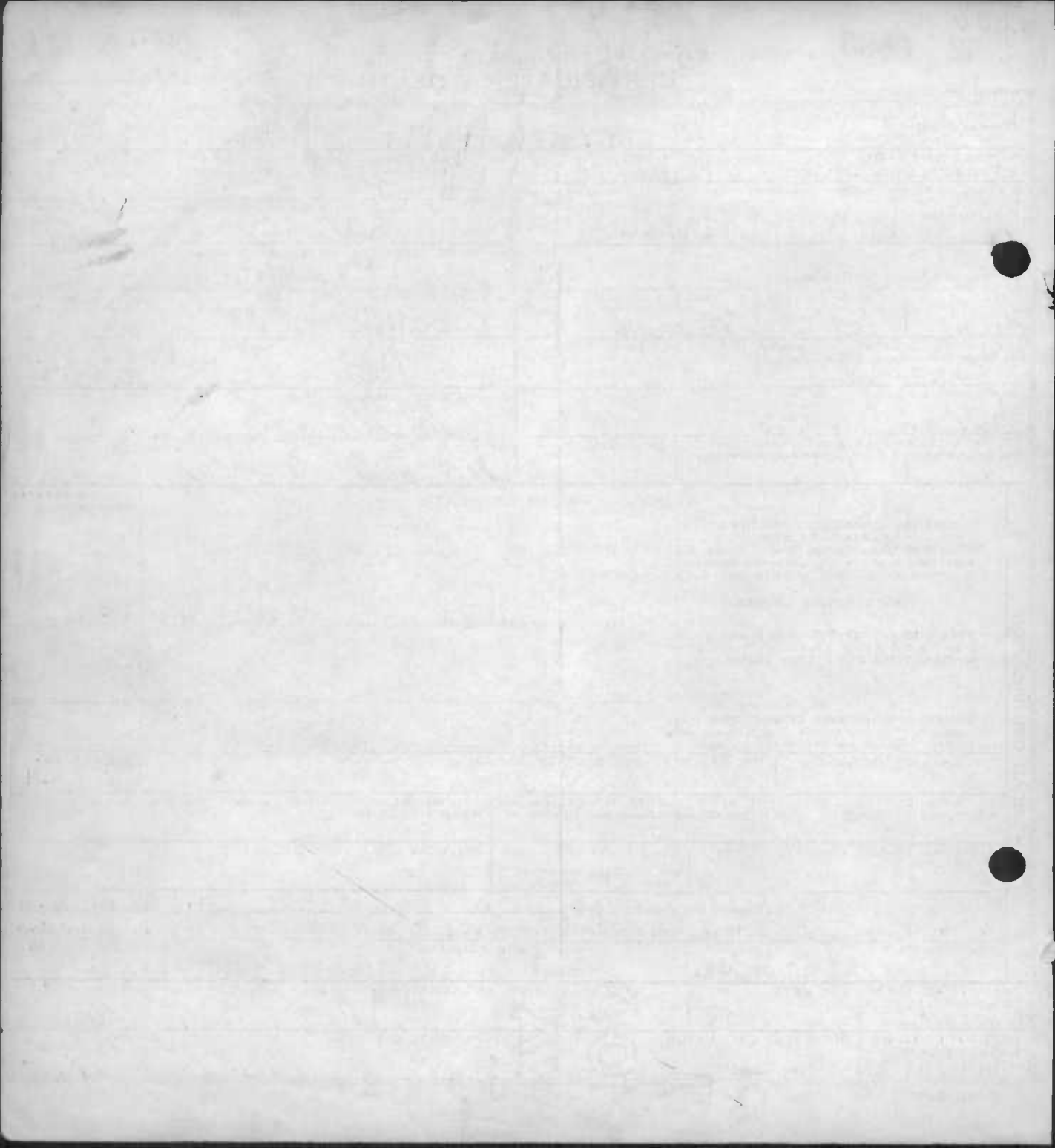
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO <i>Cerebral Vascular Accident</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>1.26.52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *1.21.52*, 19*52*, to *1.26.52*, 19*52*, that I last saw the deceased alive on *1.26.52*, 19*52*, and that death occurred at *12.30* m., from the causes and on the date stated above.

23A. SIGNATURE <i>G. Goniowski</i>	23B. ADDRESS <i>Provident Hospital</i>	23C. DATE SIGNED <i>1.26.52</i>
------------------------------------	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/29/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Bur. Cedar Hill Md.</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. S. Williams</i>	ADDRESS <i>7. Belmont St.</i>



52 0864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0864
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Williams, Charles

2. DATE
OF
DEATH

1-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18-01

D. STREET ADDRESS (If rural, give location)

2619 N. Schroeder St

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 25, 1897

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Store keeper

10B. KIND OF BUSINESS OR
INDUSTRY

Confectionary

13. FATHER'S NAME

Andrew Williams

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Rosis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Beatrice Williams

ADDRESS

2619 N. Schroeder St

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular
Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1952, to 1-25, 1952, that I last saw the
deceased alive on 1-25, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Williams

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

1-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

Huntington Williams, Jr.

Mrs. Charles Williams

2622 N. Schroeder St

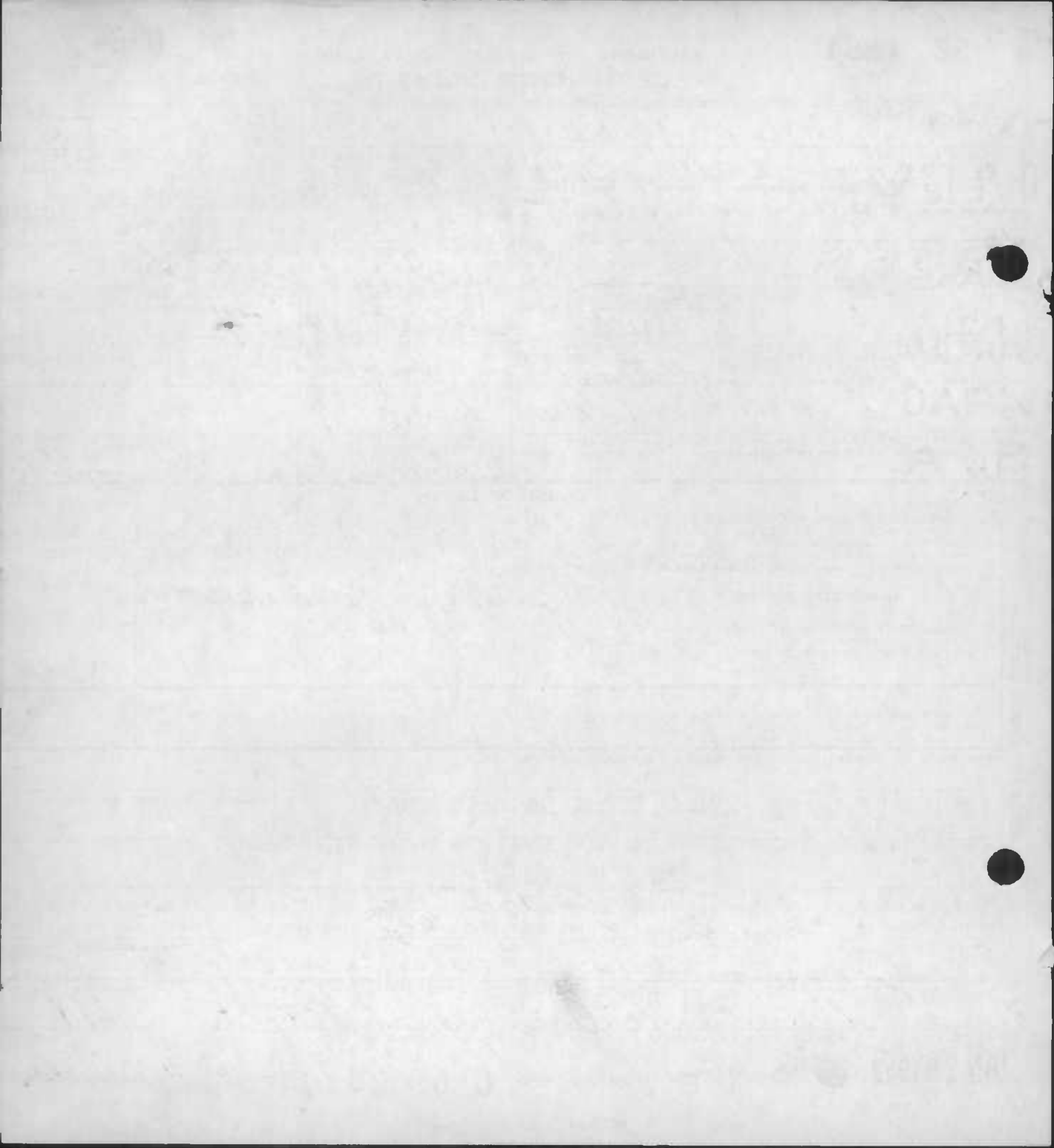
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937

MEDICAL CERTIFICATION

Correct use is extremely important. Physicians: please write the causes of death clearly on the registry.



52 0865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0865

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth C. Graefe

2. DATE
OF
DEATH

January 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2601 Roslyn Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Owings Mills

D. STREET ADDRESS (If rural, give location.)

5300

C. Length of stay in Baltimore

7 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 14, 1861

9. AGE (In years;
last birthday)

91 yrs

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None - Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Schneider

14. MOTHER'S MAIDEN NAME

Charlotte Hamp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT ADDRESS
Rev. J. Edward Graefe, 7018 Alden Road
Pikesville, Md.

18. 447 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cardiac Failure

2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis.

DUE TO

(C)

Hypertension -

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1-1-1950 to 1-26-1952 that I last saw the
deceased alive on 1-26-1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 29, 1952

Druid Ridge Cemetery

Pikesville, Md.

DATE RECEIVED BY
JAN 29 1952

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Huntington, William, & Sons, Inc.

4510 Liberty
Heights Ave.

25 000

RECEIVED - 1950

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1950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0866

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK P. KIRK

2. DATE
OF
DEATH

JAN. 26, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Maryland

b. COUNTY

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hobbsville

d. STREET ADDRESS (If rural, give location)

2310 Rolling Road

6200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15 1884

9. AGE (in years
last birthday)

67 yrs

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR
INDUSTRY

General - Sales

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Kirk

14. MOTHER'S MAIDEN NAME

Amelia Euler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-611-038

17. INFORMANT

Mrs. Mary L. Kirk, 2310 Rolling Road

ADDRESS

18. E9000

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Contusion of brain

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

HOME

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2310 ROLLING Rd.

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

JAN 26, 1952 P m.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21f. HOW DID INJURY OCCUR?

FELL DOWN CELLAR STAIRS

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Dunleavy M.D.

23b. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Jan 27, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Jan. 30, 1952

24c. NAME OF CEMETERY OR CREMATORY

Emanuel Lutheran Church

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. McLean

ADDRESS

4510 Liberty Heights

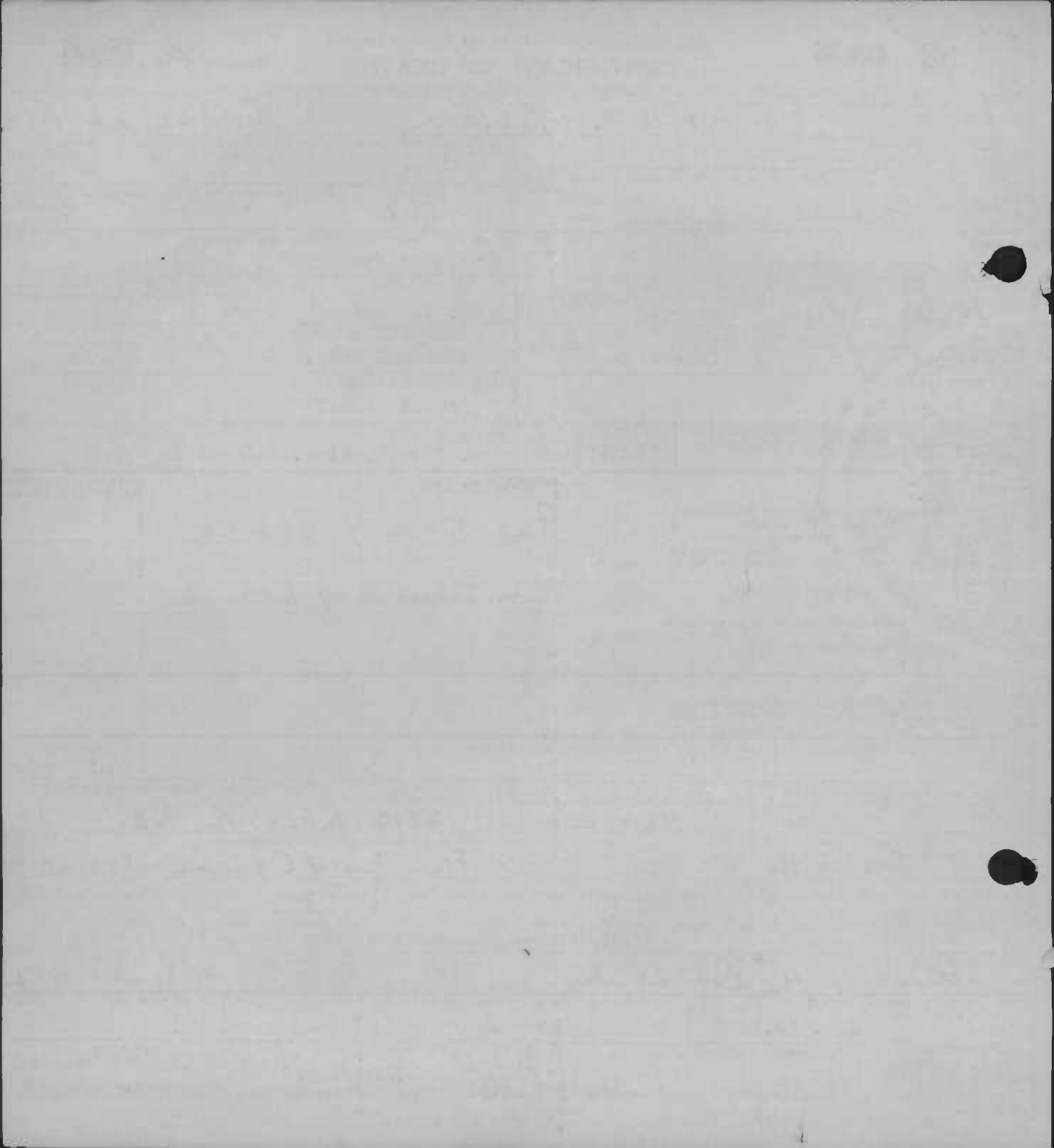
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51024

186a

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Daniel H. Cox Sr.</i>			2. DATE OF DEATH <i>1-27-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore co.</i>		
8. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>woodlawn</i>		
C. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2132 Southland Rd. - 5300</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE (MARRIED, WIDOWED, DIVORCED) (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 29 1906</i>		9. AGE (In years last birthday) <i>45</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office Manager - Engineers</i>			11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Barney L. Cox</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Gay</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>215-05-9031</i>		
			17. INFORMANT <i>Mrs. Helen Cox, 2132 Southland Rd. Same</i>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
DUE TO <i>carcinoma of Rt. Lung</i>		
(B) <i>cerebral metastases</i>		
DUE TO <i>chronic pyelonephritis</i>		?
(C) <i>subacute pyelonephritis</i>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>none</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

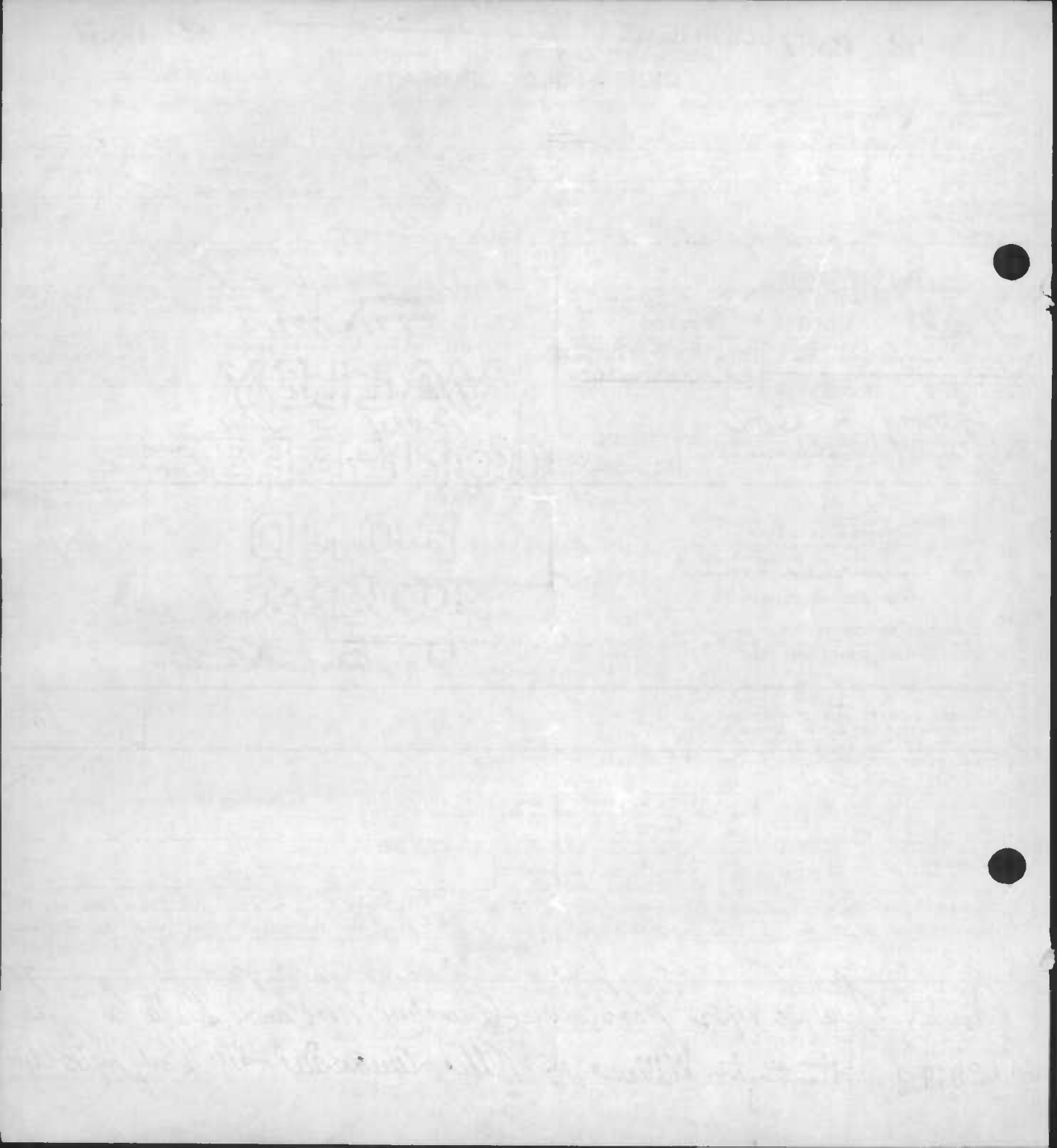
22. I hereby certify that I attended the deceased from *1-3*, 1952 to *1-27*, 1952, that I last saw the deceased alive on *1-27*, 1952, and that death occurred at *3 12* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>[Address]</i>	23C. DATE SIGNED <i>1-27-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan. 30 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>
--	----------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>Willis Anderson</i>	ADDRESS <i>4510 Liberty Hgts Ave.</i>
--	---	--	--

MEDICAL CERTIFICATION



250

52 0868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0868
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. LAWSON

2. DATE
OF
DEATH

1-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MD

Yrs.
Mos.
Days

C. Length of stay in Baltimore

- 21 F -

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan 2nd 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baltimore

10B. KIND OF BUSINESS OR
INDUSTRY

Meat Market

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE H. LAWSON SR

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-13-644

17. INFORMANT

M. Lawson

ADDRESS

1300 E. ...

18. 073 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HEMORRHAGE

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

LUETIC + ARTERIOSELEROTIC

DUE TO

CARDIO VASCULAR DISEASE

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

AORTIC DILATATION + INSUFFICIENCY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1952, to Jan. 28, 1952, that I last saw the
deceased alive on Jan. 28, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Muriel S. Daly

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

Jan. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Jan 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

FLORENCE PARK

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. ...

ADDRESS

1300 E. ...

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52 0869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0869
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. CATHERINE. DODSON

2. DATE
OF
DEATH

1-27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

S.T. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 9-04

D. STREET ADDRESS (If rural, give location)

507. E. 27th street

c. Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-20-1904

9. AGE (in years

last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TELEPHONE OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

YELLOW CAB CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

William Maxwell

14. MOTHER'S MAIDEN NAME

Maude Disney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

220-07-7055

17. INFORMANT ADDRESS

EDWARD C. DODSON 507 E 27th St.

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary failure

DUE TO

Coronary infarction

(B)

Pneumonia

DUE TO

(C)

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1952 to 1/27, 1952 that I last saw the deceased alive on 1/27, 1952 and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Jones

23B. ADDRESS

S.T. Agnes Hosp

23C. DATE SIGNED

1/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-31-52

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL CEMETERY

24D. LOCATION (City, town, or county)

ANNE ARUNDEL Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

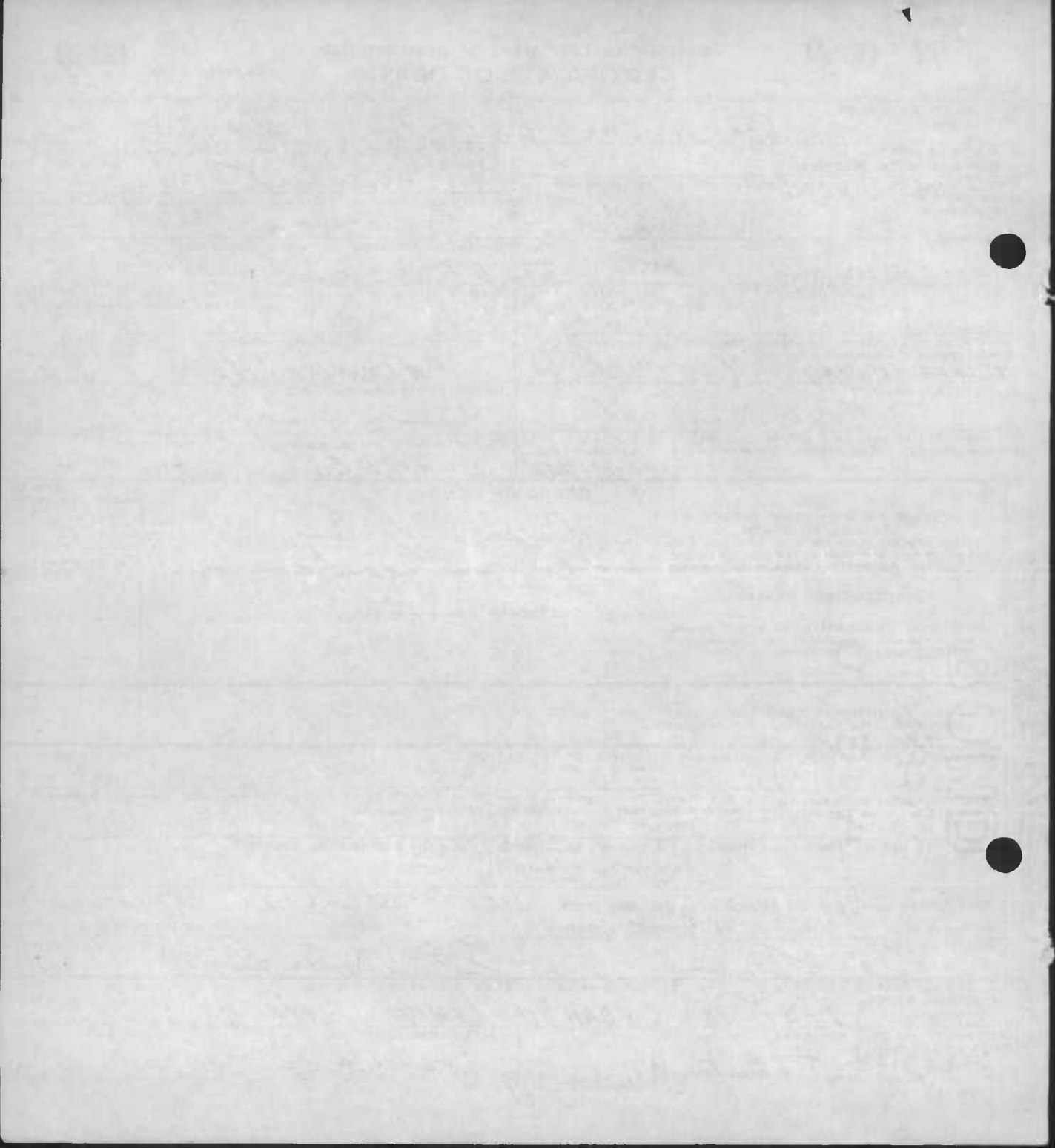
J. J. Kelly 2343 HARBOR RD.

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942

MEDICAL CERTIFICATION



163 52 0870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0870
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nellie G. Seifert</i>			2. DATE OF DEATH <i>Jan 27 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>6</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Ashburton Nursing Home</i> <i>3520 Hilton St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>27-18</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>5214 Beaufort Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>MAR. 2 1876</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Albert H Horner</i>			14. MOTHER'S MAIDEN NAME <i>Annie E Green</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT ADDRESS <i>Mrs Chas H Gibson 527 Willow Ave</i>		

18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Hypertensive cardio vascular</i> DUE TO <i>renal disease.</i> (B) <i>—</i> DUE TO <i>—</i> (C) <i>—</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i> <i>1 mo.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/18/*, 1948 to *1/27/*, 1952, that I last saw the deceased alive on *1/25/*, 1952, and that death occurred at *12:15 A m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry Deibel</i>	23B. ADDRESS M. D. <i>1226 Hanover St.</i>	23C. DATE SIGNED <i>1/29/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>D. C. Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Harry Deibel</i>	25. FUNERAL DIRECTOR <i>Henry Jenkins</i>	ADDRESS <i>4905 York Rd</i>

JAN 29 1952

0 8 6 9

121a

MEDICAL CERTIFICATION

Dr. Harry Deibel
1226 S. Hanover St

425

52

0871

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52

0871

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL IGNATIUS GLEASON

2. DATE
OF
DEATH

JANUARY 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 431 Evesham Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY

431 Evesham Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 27-12

D. STREET ADDRESS (If rural, give location)

431 Evesham Ave.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 20, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

POST OFFICE CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

POST OFFICE

11. BIRTHPLACE (State or foreign country)

HARFORD COUNTY, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick

GLEASON

14. MOTHER'S MAIDEN NAME

MARY LINGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Daniel J. Gleason 431 Evesham Ave

18. 350 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PARALYSIS AGITANS

10 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

CEREBRAL ARTERIOSCLEROSIS

10 yr

II

(C)

SENILITY

10 yr.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10th, 1940, to Jan 28th, 1952, that I last saw the
deceased alive on Jan. 28th, 1952, and that death occurred at 8³⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

A.S. Chaffaux M.D.

23B. ADDRESS

M. D.

6210 YORK ROAD

23C. DATE SIGNED

JAN. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 31 1952

24C. NAME OF CEMETERY, OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

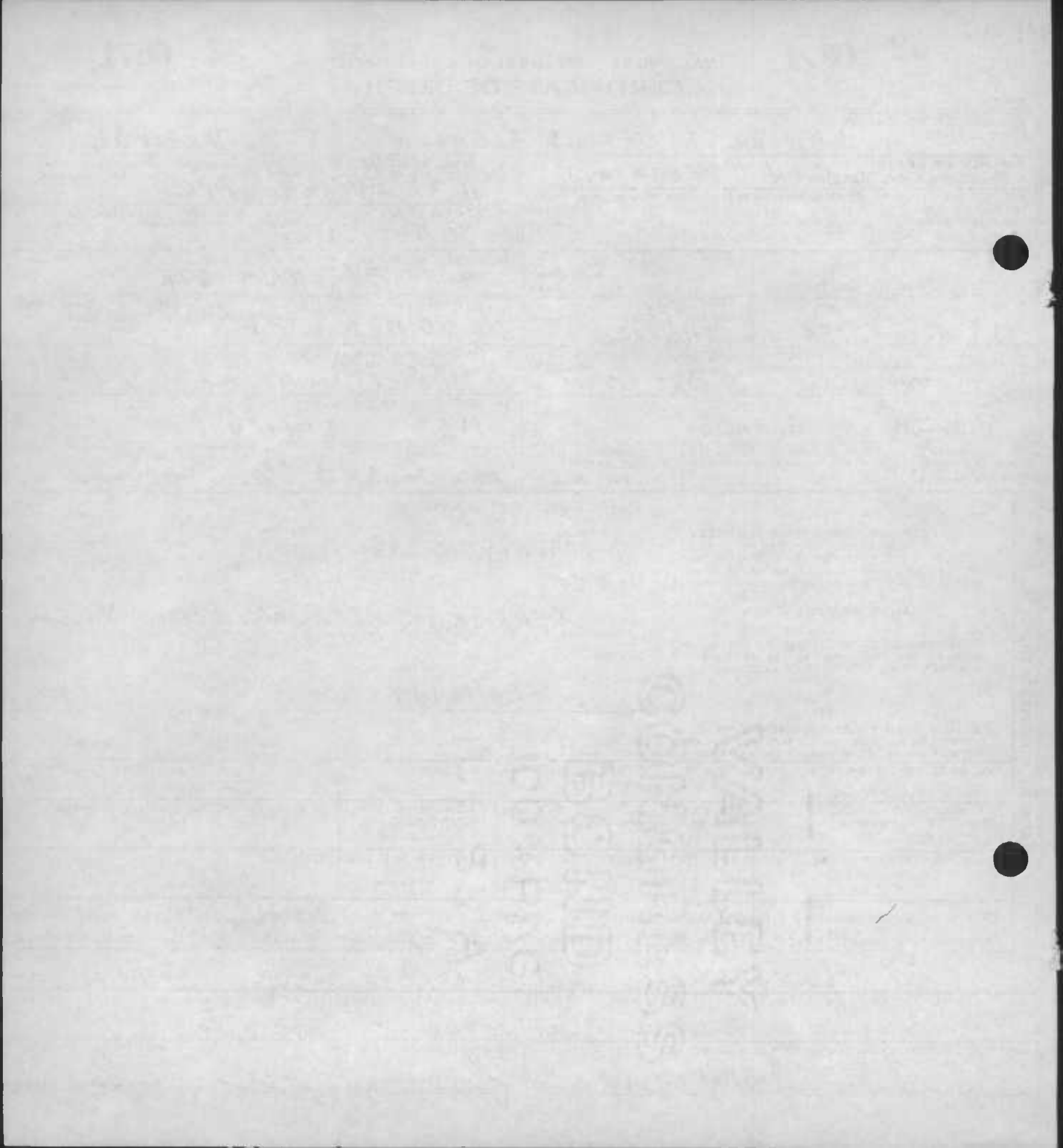
25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

A. S. Chaffaux M.D.

H. J. Jenkins, 4905 York Rd



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Claude V. Fowler

2. DATE
OF
DEATH

1/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

HARFORD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WILLoughby Beach

D. STREET ADDRESS (If rural, give location)

Edgewood

c. Length of stay in Baltimore

Just came

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

OCT 22, 1872

9. AGE (In years last birthday)

79

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MG. R. RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

WOOLWORTH STOR

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Charles Fowler

14. MOTHER'S MAIDEN NAME

Delia Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

131-07-3768

17. INFORMANT

Wife

ADDRESS

Edgewood, Mo

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary insufficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1/26* 1952 to *1/27* 1952 that I last saw the deceased alive on *1/27* 1952, and that death occurred at *12:30* m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buell Jr.

23B. ADDRESS

Mercy

23C. DATE SIGNED

1/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

24B. DATE

1-29-52

24C. NAME OF CEMETERY OR CREMATORY

QUINN + RYAN FUNERAL HOME

24D. LOCATION (City, town, or county)

Utica, NY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

11068 McComas Abingdon, Mo.

ADDRESS

JAN 29 1952

94a

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1901

REPORT OF THE

COMMISSIONER OF

THE LAND OFFICE

FOR THE YEAR

ENDING DECEMBER

31, 1900

ALBANY:

JOHN W. BAKER,

PRINTING OFFICE

1901

NEW YORK:

THE STATE

OF THE

LAND OFFICE

FOR THE YEAR

ENDING DECEMBER

31, 1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEDFORD

BLUE

2. DATE
OF
DEATH

Jan. 25, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

a. STATE

Maryland

b. COUNTY

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bradshaw

d. STREET ADDRESS (If rural, give location)

Route #40

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/30/1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

Farm work

11. BIRTHPLACE (State or foreign country)

Midland Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. C.

13. FATHER'S NAME

Stephen B. Blue

14. MOTHER'S MAIDEN NAME

Susan J. Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose House 1634 E. Eagle St.

18. E916.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Third degree burns of trunk, legs
and perineum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

farm

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Route #40-Bradshaw, Maryland

21d. TIME (Month) (Day) (Year) (Hour)

Jan. 11, 1952

21e. INJURY OCCURRED

WHILE AT
WORK ☒

NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

Burned while burning corn husks on farm

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Denecker

23b. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23c. DATE SIGNED

Jan. 26, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

1-29-52

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24d. LOCATION (City, town, or county)

Anne Arundel Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Raymond B. Gallick

ADDRESS

1412 E. Preston St.

V S 151

N-947

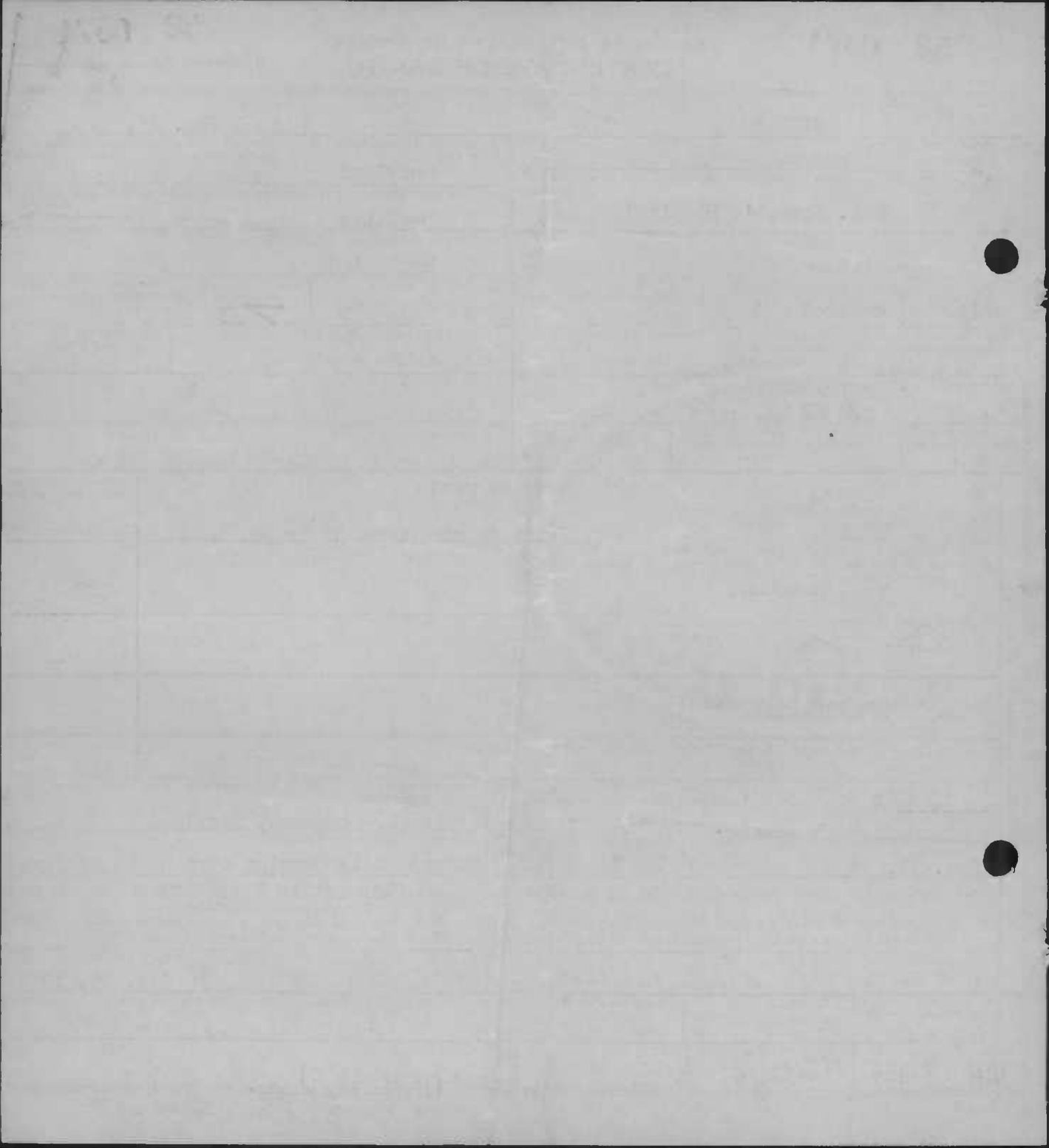
83010

181

MEDICAL CERTIFICATION

400 52 0874

52 0874



415
52 0875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0875
Registered No.

BIRTH NO. 52-01312

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Alfonsi</i>			2. DATE OF DEATH <i>1-17-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-16</i>		
C. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>4549 Reisterstown Rd</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>1-15-52</i>		9. AGE (In years, last birthday) <i>2</i> Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Paul V. Alfonsi</i>			14. MOTHER'S MAIDEN NAME <i>Josephine Tamburo</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>776 x I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

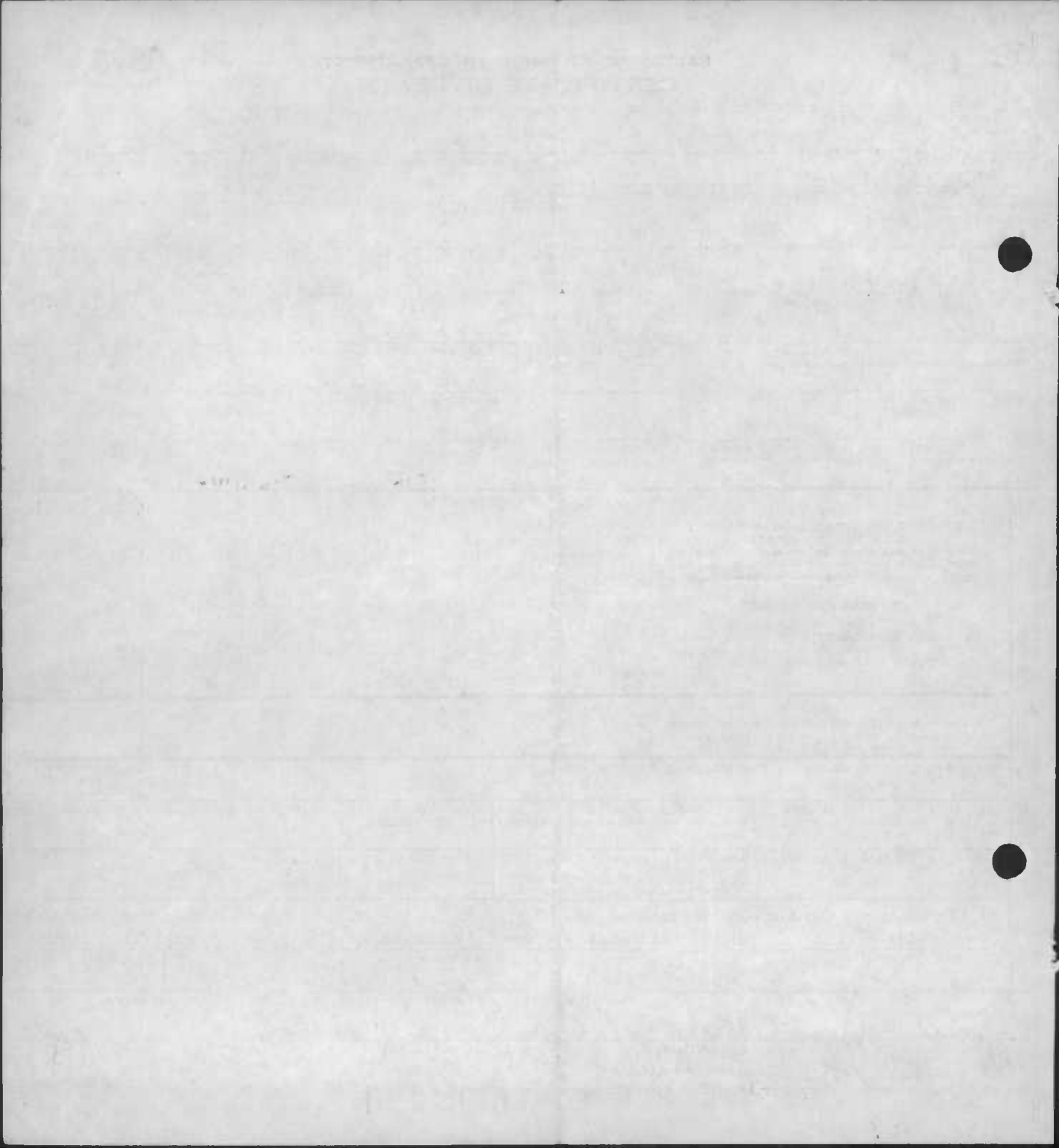
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-15*, 19*52*, to *1-17*, 19*52*, that I last saw the deceased alive on *1-17*, 19*52*, and that death occurred at *7:40 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Edward M. Lippell* M. O. 23B. ADDRESS *Mercy Hospital* 23C. DATE SIGNED *1-17-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 29, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Ceme.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. County Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR *Jan 29 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *John C. V. Johnson* ADDRESS *7609 Park Heights*



52 0876
363

52 0876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1423 Mulberry St.

C. Length of stay in Baltimore

SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

Journeyman

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Dec. 25, 1892

9. AGE (In years last birthday)

79

11. BIRTHPLACE (State or foreign country)

Jetersville, Va.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Gertrude Stewart

ADDRESS

1423 Mulberry St.

CAUSE OF DEATH

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Dis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1951, to January 26, 1952, that I last saw the deceased alive on January 26, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Whitham, M. D.

23B. ADDRESS

703 W. Lafayette Ave.

23C. DATE SIGNED

1-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan. 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Crestwood Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

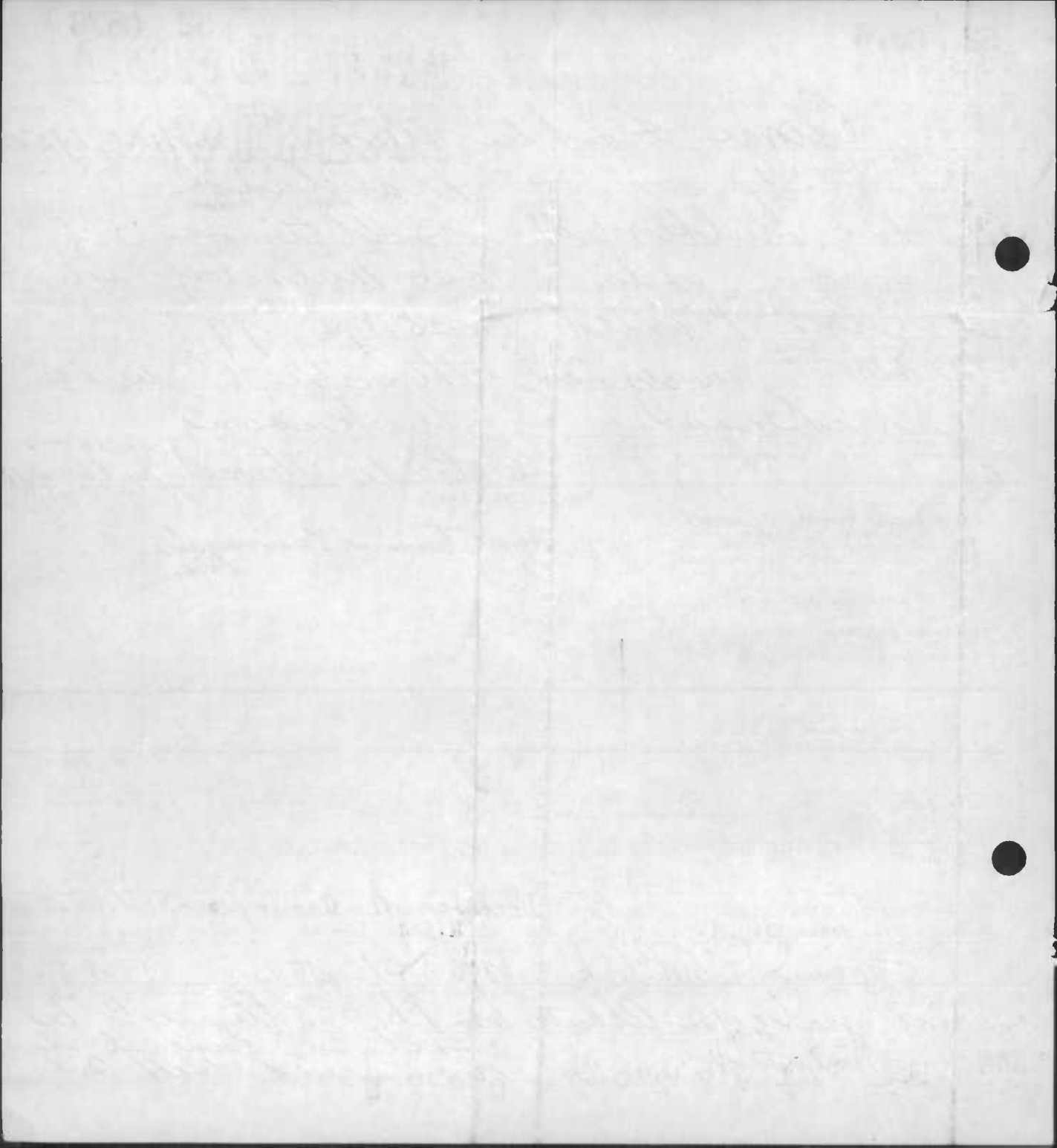
JAN 29 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

6634 Grand Hill Ave.

ADDRESS



200
52 0877BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0877
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA EUGENIA COOK

2. DATE

OF

DEATH 1/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1945 W. NORTH AVE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1945 W. NORTH AVE

15-02

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years

last birthday)

Under 1 Year

Months Days

Under 24 Hours

Hours Min.

6/28/1883

68

11. BIRTHPLACE (State or foreign country)

HOWARD COUNTY, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

HOUSEWIFE

DOMESTIC

13. FATHER'S NAME

DENNIS PARKER

14. MOTHER'S MAIDEN NAME

CLARA PARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SARAH WILLIAMS(D) 1945 W. NORTH AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Cerebral Hemorrhage

2 days

(B) malignant Hypertension

1 hr

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-20, 1952, to 1-27, 1952, that I last saw the
deceased alive on 1-27, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1543 Remond Ave

1/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

1/30/52

BUSH PARK CEMETERY

COOKSVILLE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

CHAS O G COOPER-518 CARROLLTON AVE

Charles Cooper

83a

VS 150

MEDICAL CERTIFICATION

VALLEY

CONCRETE

BOARD

1002766

U. S. A.

320
52 0878

52 0878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

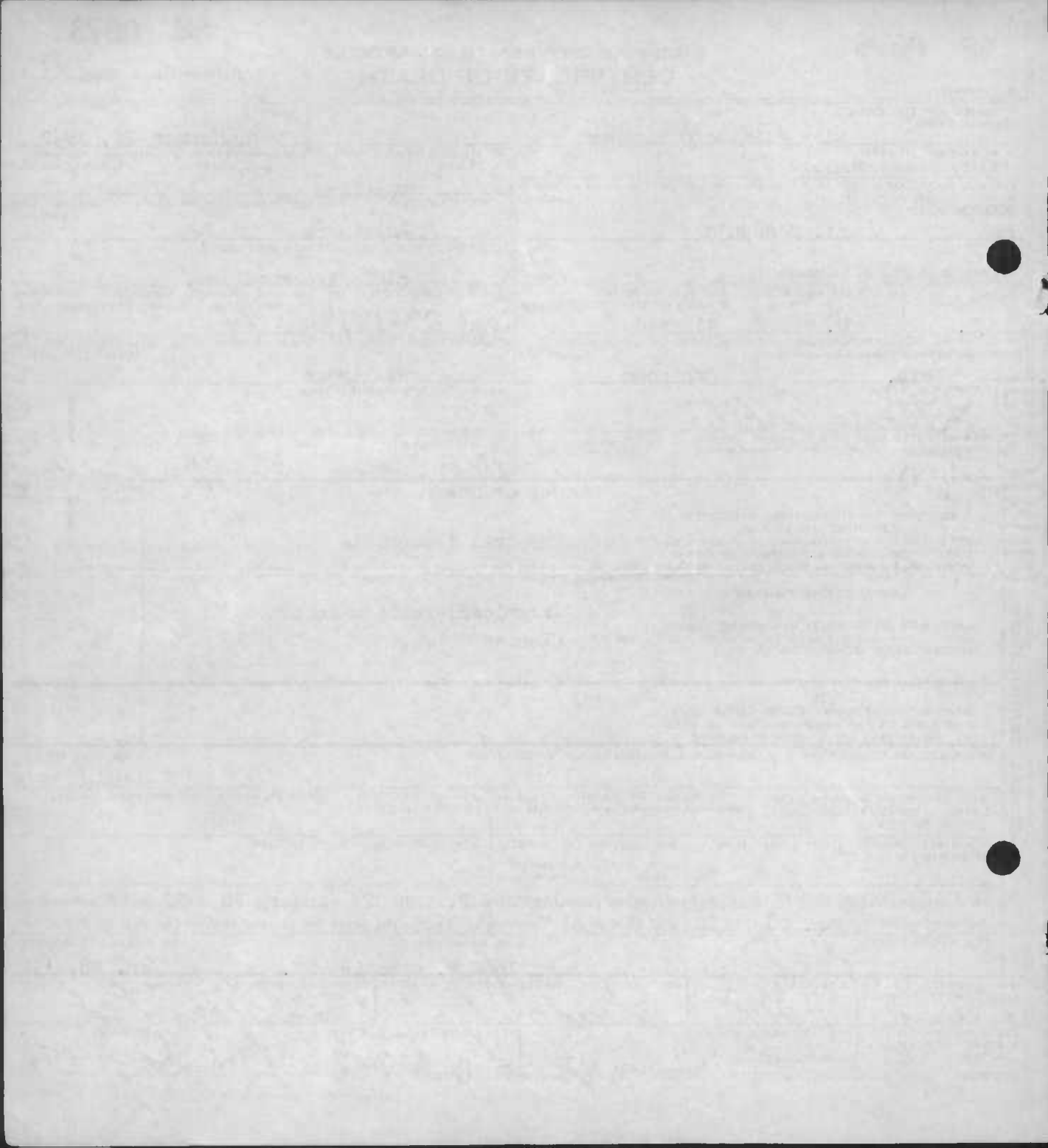
1. NAME OF DECEASED (Type or Print) <u>Mary Elizabeth Matthews</u>			2. DATE OF DEATH <u>January 28, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-06</u>		
5. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>6102 Birchwood Ave.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 23-1877</u>		9. AGE (in years last birthday) <u>74</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>George Eckstein</u>			14. MOTHER'S MAIDEN NAME <u>Z.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Elmer Schaffner</u> ADDRESS <u>6192</u>		

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral thrombosis</u> DUE TO (A) _____ (B) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>disease</u> (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>January 27</u> , 19 <u>52</u> to <u>January 28</u> , 1952, that I last saw the deceased alive on <u>Jan. 28</u> , 1952, and that death occurred at <u>3:05 pm</u> from the causes and on the date stated above.				

23A. SIGNATURE <u>R. J. [Signature]</u>	23B. ADDRESS M. D. <u>7100 N. Caroline St.</u>	23C. DATE SIGNED <u>Jan. 28, 1952</u>
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>1-31-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 29 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>L. J. [Signature]</u> ADDRESS <u>5305 Harford Rd.</u>



320 Dr. Alessi

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0879

Registered No.

52 0879
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph F. Mathias		2. DATE OF DEATH Jan. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6220 Burgess Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6220 Burgess Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 6, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Dresser		10B. KIND OF BUSINESS OR INDUSTRY Genl Motors	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Vincent Mathias		14. MOTHER'S MAIDEN NAME Anna Hoffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-09-8637	
17. INFORMANT Mrs. Elizabeth Mathias, same		ADDRESS	

18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Arteriosclerotic Cardiovascular renal disease (C) Diabetes mellitus	INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 3 yrs. 3 yrs.
---	---

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1947 to January 26, 1952, that I last saw the deceased alive on January 26, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE Alessi	23B. ADDRESS 6217 Harford Rd	23C. DATE SIGNED 1/28/52
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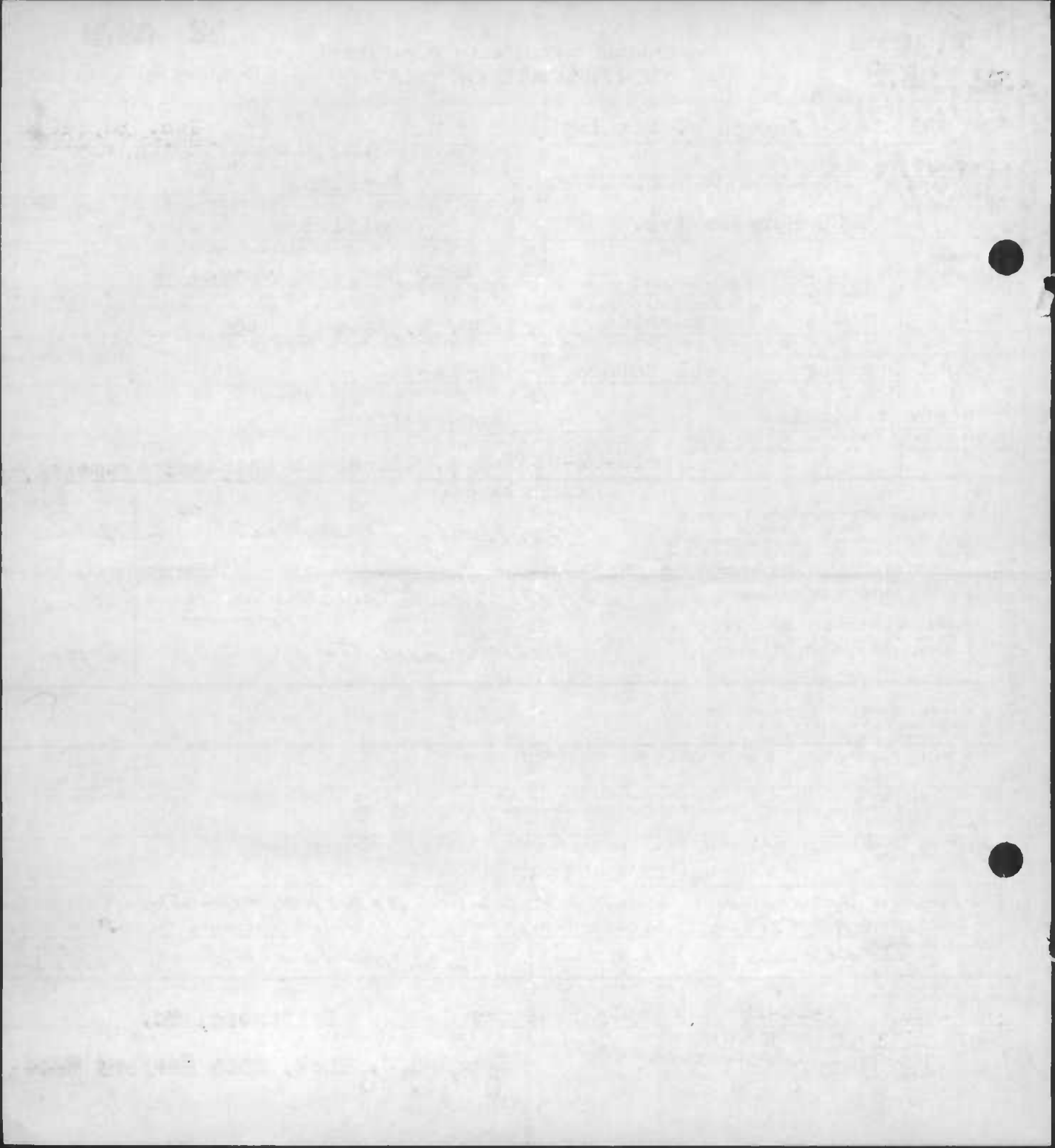
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-30-52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Leonard, J. Ruck, 5305 Harford Road	ADDRESS
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VS 150

635 350

61



152
Dr. Legum
1261 E. North
52 0880
BIRTH NO.

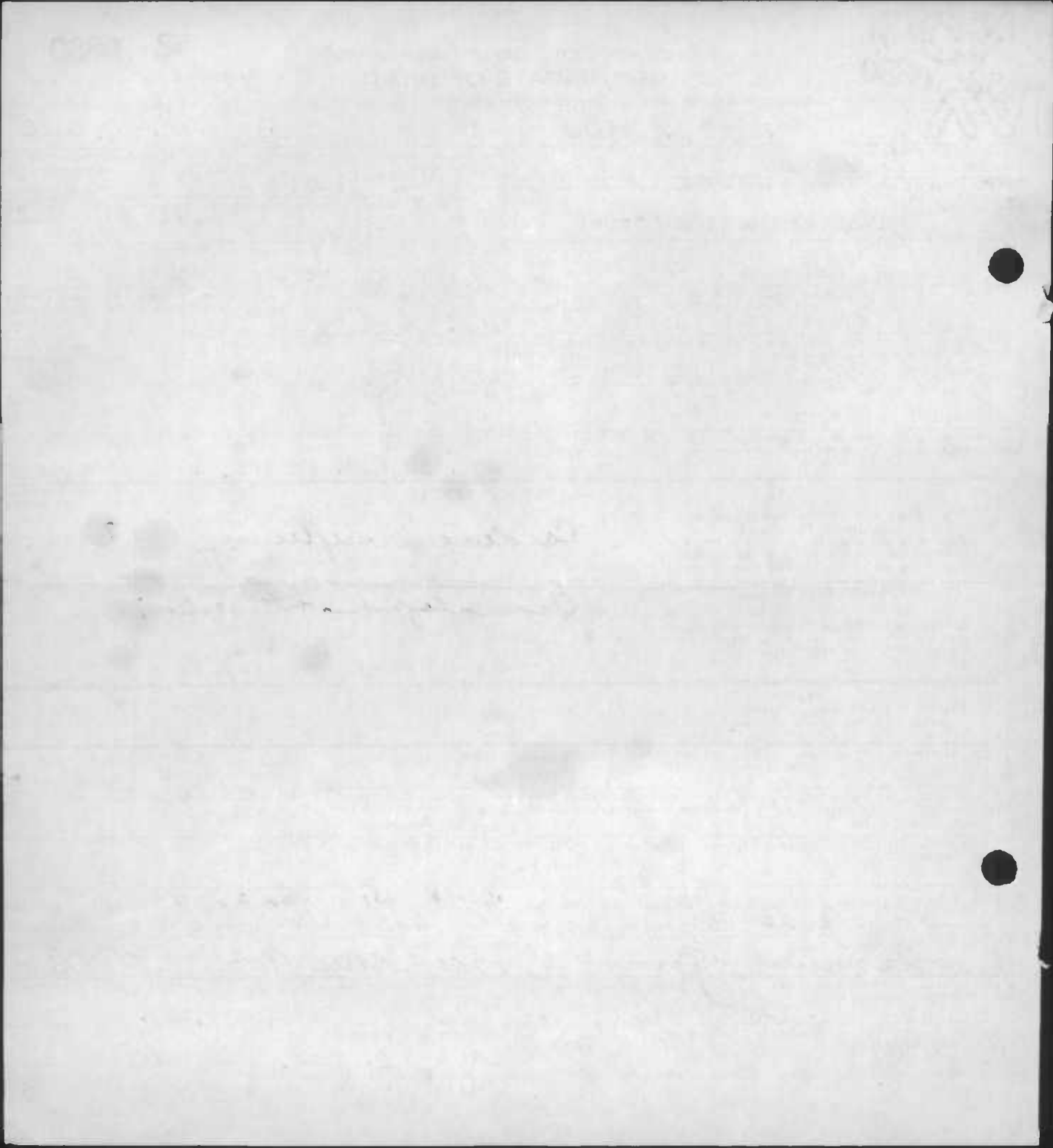
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0880
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
James M. Bevans		Jan. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
1735 Abbottston Street		Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		B. COUNTY	
Baltimore		7-07	
D. STREET ADDRESS (If rural, give location)		1735 Abbottston Street	
5. SEX		8. DATE OF BIRTH	
male	6. COLOR OR RACE	Aug. 14, 1870	
white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday)	
married		81	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Sexton St. Thomas Epis Church		Baltimore, Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John C. Bevans		Catherine ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		17. INFORMANT	
		Mrs. Anna P. Bevans, 1735 Abbottston	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cardiac Insufficiency		?	
(B) DUE TO		Generalized arteriosclerosis			
(C) DUE TO					
19. ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept. 1951, to Jan 28, 1952, that I last saw the deceased alive on Jan 25, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Samuel Legum M. D.		1261 E. North Ave		1/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		1-31-52		Loudon Park Cem.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JAN 29 1952		Wilmington Williams, M.D.		ADDRESS	
				Leonard J. Ruck, 5305 Harford Road	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0881
Registered No. _____

BIRTH NO. _____

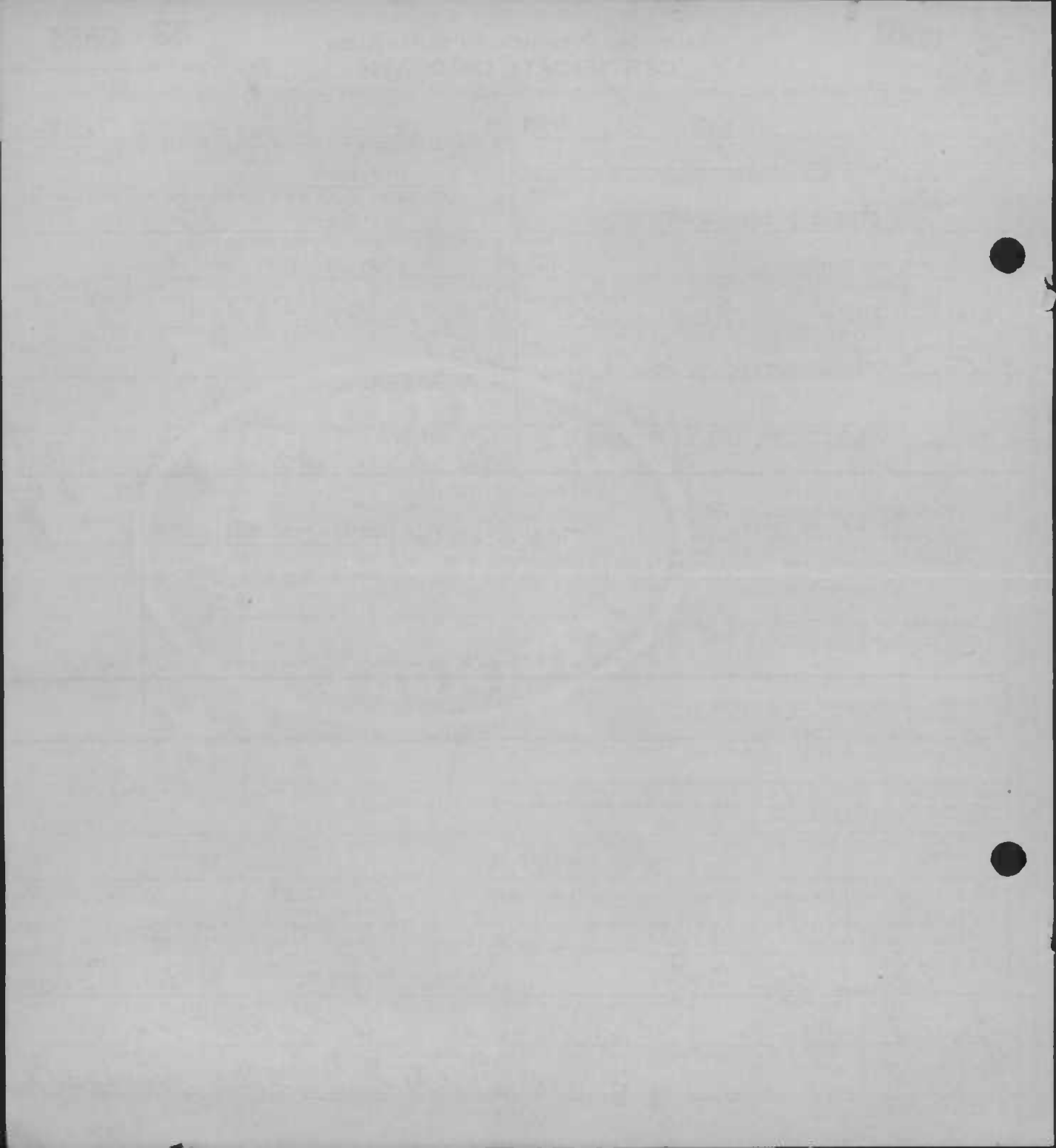
1. NAME OF DECEASED (Type or Print) CHARLES SARM		2. DATE OF DEATH January 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION 4705 Old York Road		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-10	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 4705 Old York Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 17 - 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman - Baltimore City		9. AGE (In years last birthday) 64	11. BIRTHPLACE (State or foreign country) Italy
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME 2		14. MOTHER'S MAIDEN NAME 2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Alice Sarm - 4705 Old York		ADDRESS	

18. 4705 Old York DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO _____ (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 28, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 1/30/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR Jan 29 1952		25. FUNERAL DIRECTOR 5305 Harford Rd ADDRESS		



Dr. Marek
Medical Arts

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0882
Registered No.

BIRTH NO. 52 0882

1. NAME OF DECEASED (Type or Print) Maria Cimino		2. DATE OF DEATH Jan. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 422 Forrest Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 422 Forrest Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 6, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Vincent Maranto		14. MOTHER'S MAIDEN NAME Anna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Anna Di Fatta, 2621 Kirk Ave.		ADDRESS	

18. 176X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Uterus DUE TO (B) C Metastasis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9/20/50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/20, 1950** to **1/27, 1951** that I last saw the deceased alive on **1/26, 1951** and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **Charles J. Ruck** M. D. 23B. ADDRESS **605 Medical Arts** 23C. DATE, SIGNED **1/28/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-31-52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road	

VS 150

1 9 5 2 0 5 0 0 8 8 1

497

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

V# 434
52 0883

Whelette
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0883
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Whellette

2. DATE
OF
DEATH

Jan-29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2801 Strathmore Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-03

D. STREET ADDRESS (If rural, give location)

2801 Strathmore Ave

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 2-1863

9. AGE (In years last birthday)

88

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Godfried Hoernig

14. MOTHER'S MAIDEN NAME

Susanna Hessler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Joseph F. Whellette, son

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis - generalized

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK AT WHILE ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1952, to 1/29, 1952, that I last saw the deceased alive on 1/29, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stanley B. Kijamwiri

23B. ADDRESS

3500 Erdman Ave

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-1-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

Stanley B. Kijamwiri, M.D.

J. J. Luck

5305 Bayford

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. H. J. H. H. H. H.
3500 E. Adams

243
52 0884BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 0884
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anton Oswald

2. DATE
OF
DEATH

1. 29.52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore* *chd.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Doctors Hospital.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Luthersville* B. COUNTY *chd. - Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Luthersville

D. STREET ADDRESS (If rural, give location)

Seminary Rd

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 7, 19-1886

9. AGE (In years,

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Butcher

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF

U.S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Elizabeth Struhs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frank Oswald - Seminary Ave

18.

177 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Carcinoma of Prostate**4 years*

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK22. I hereby certify that I attended the deceased from *1-28-*, 19*52*, to *1-29-*, 19*52*, that I last saw the deceased alive on *1-28-*, 19*52*, and that death occurred at *11:00* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Louis J. Clark

M. D.

*2730 N Charles St**1/29/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**2-1-52**St. Cyril & Method**MD*

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Huntington Williams M.D.**L. Luck**5305 Harford Rd*

U.S.A.
Chapman
Chapman

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0885
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Joseph Williams

2. DATE
OF
DEATH

Jan. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3119 Normount Ave.,

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3119 Normount Ave.,

c. Length of stay in Baltimore

36- Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 13, 1897

9. AGE (in years
last birthday)

54

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Donnie A. Williams

14. MOTHER'S MAIDEN NAME

Ella Floyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence T. Williams 3119 Normount

18. 162X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of lung (left)

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Metastatic Carcinoma of
brain

2 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 1951

19B. MAJOR FINDINGS OF OPERATION

Biopsy of gland - Carcinoma

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office, etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1951, to Jan 28, 1952, that I last saw the deceased alive on Jan 28, 1952, and that death occurred at 2 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Donald H. Robertson

M. D.

23B. ADDRESS

2835 Guyman Rd. Ky

23C. DATE SIGNED

1/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-31-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

Dr. Robinson

2835 S. Pliny

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 0886

512
52 0886
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA DEMPSEY		2. DATE OF DEATH January 28, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
d. STREET ADDRESS (If rural, give location) 2108 Mt. Royal Terrace		e. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Clothing Bus.	9. AGE (In years last birthday) 57	11. BIRTHPLACE (State or foreign country) Wisconsin Co., Va.
13. FATHER'S NAME Edward Dunaway	14. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 69046	17. INFORMANT ADDRESS Forrest E. Dempsey 1739 Park Ave	

CAUSE OF DEATH

(A) **Arteriosclerotic cardiovascular disease**

(B) **Diabetes**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

!!
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William V. Smith</i>		23b. CHIEF MEDICAL EXAMINER M.D. <i>William V. Smith</i>	23c. DATE SIGNED Jan. 28, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Meadowridge Park	24d. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 29 1952		25. FUNERAL DIRECTOR ADDRESS Ernest E. Byrne 5005 Ph. Hwy	

6 months

17390

17390

35
52 0887BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0887
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

FAUSTMAN

2. DATE
OF
DEATH

January 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4101 Ridgewood Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Entertainer

10B. KIND OF BUSINESS OR INDUSTRY

Show Business

13. FATHER'S NAME

Carl H. Faustman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

?

8. DATE OF BIRTH

April 13, 1917 34

9. AGE (In years last birthday)

11 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ripon Wis.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Eva Chapman

17. INFORMANT

ADDRESS

Marian S. Faustman 4101 Ridgewood

18. E 970.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Barbiturate intoxication

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4101 Ridgewood Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 27, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingested overdose of Tuinal

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hillside

24D. LOCATION (City, town, or county) (State)

Ripon Wisconsin 163B

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1952

VS 151

N-911-0

05184

4600 Liberty Heights Ave

April 22, 1952

Letter

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

Algonkian

52 0888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0888
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Miss Mary Zapotocky

2. DATE

OF
DEATH

1/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland X

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

1513 Elm Tree St.,

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1/3/45

9. AGE (in years

last birthday)

36

10. Under 1 Year

Months: Days

1 3

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR

INDUSTRY

Cashier

11. BIRTHPLACE (State or foreign country)

Balto.,

12. CITIZEN OF

WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Zapotocky

14. MOTHER'S MAIDEN NAME

Antonia Kopacek

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

18.

410X I

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

Several
Yrs.DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Thrombosis of Mitral Valve

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

DUE TO

(inactive)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Auricular Fibrillation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 21, 1951, to January 26, 1952, that I last saw the deceased alive on January 26, 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Doris Elgarte

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

1/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 30/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

JAN 29 1952

25. FUNERAL DIRECTOR

ADDRESS

Frank Brackston

See Document File 52-0888
2/13/52 ES

462
52 0889

KOLARIK

Kolarik

52 0889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Theresa Kolarik

2. DATE
OF
DEATH

1/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Bos Secor Hospital -

Length of stay in Baltimore alt - 10 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

13. FATHER'S NAME

Wenceslaus Kolarik

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Unknown

9. AGE (In years last birthday)

60 yrs -

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Josephine Haglik

17. INFORMANT

ADDRESS

John Kubar 3038 Linwood 14

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinomatous

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

CA of Breast (left) & Metastasis to ribs & skull & brain.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive HF failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5/51, 19, to 4/28/52, that I last saw the deceased alive on 1/28/52, 19, and that death occurred at 8:20 m., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Hoge M. D.

23B. ADDRESS

Baltimore

23C. DATE SIGNED

1/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-31-52

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

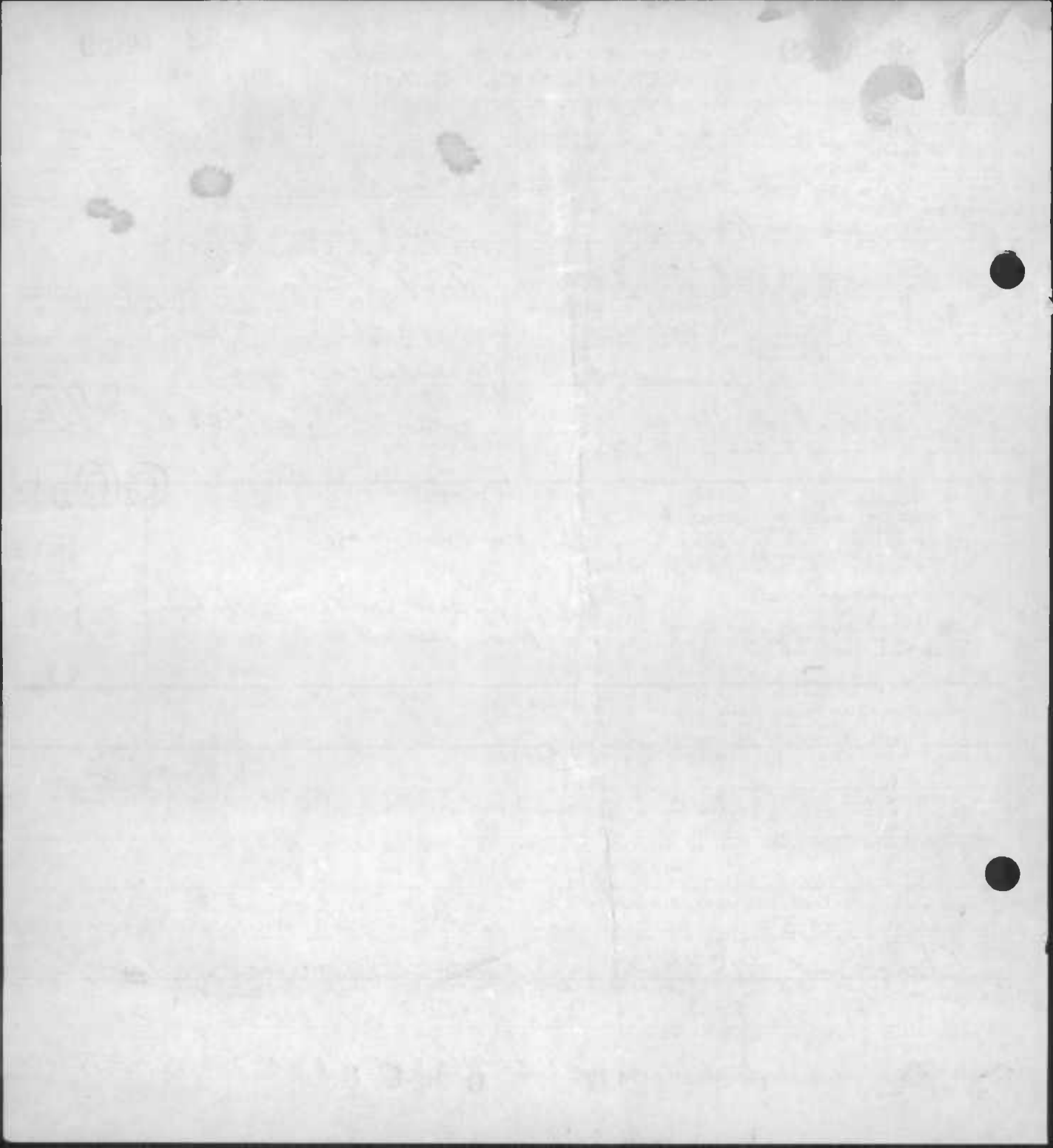
ADDRESS

FRANK CVACH & SON 900 N. CHESTER ST

JAN 29 1952

VS 150

50



632
52 0890BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0890
Registered No.

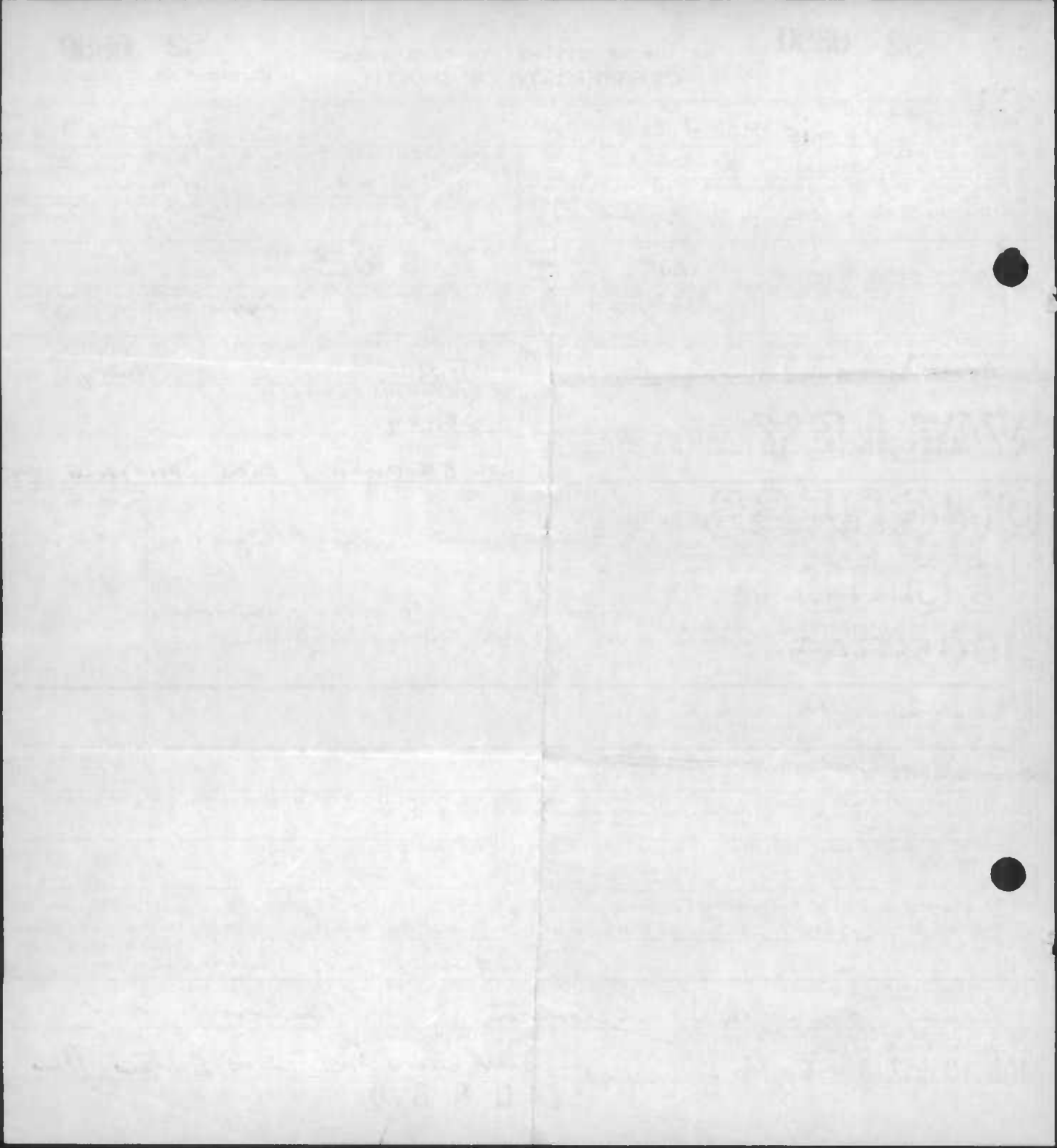
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Fannie HORWITS			2. DATE OF DEATH 29 January 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland, Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11		
Length of stay in Baltimore FS			D. STREET ADDRESS (If rural, give location) Hilton Apartments #15		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME ABRAHAM PICKUS			14. MOTHER'S MAIDEN NAME SERAY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS SOL KAUFMAN - 3505 SPRINGGLEN AVE		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2-3 hours
(A) Hypertensive myocardial infarction DUE TO		
(B) Hypertensive arteriosclerotic heart disease with coronary insufficiency DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 29 January, 1952 to 29 January, 1952 that I last saw the deceased alive on 29 Jan., 1952 and that death occurred at 11:30 Am. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Kremer		23B. ADDRESS Lutheran Hospital, Baltimore		23C. DATE SIGNED 29 January 52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan 30, 1952		24C. NAME OF CEMETERY OR CREMATORY Arlington		24D. LOCATION (City, town, or county) (State) Balt Md	
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl		ADDRESS	



632
52 0891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0891
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENNY

BRIDGES

2. DATE
OF
DEATH

January 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

704 Born Court

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bettye B. Elleby, 1510 W. Franklin St.

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Hypertensive and

Arteriosclerotic Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A)
DUE TO
(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

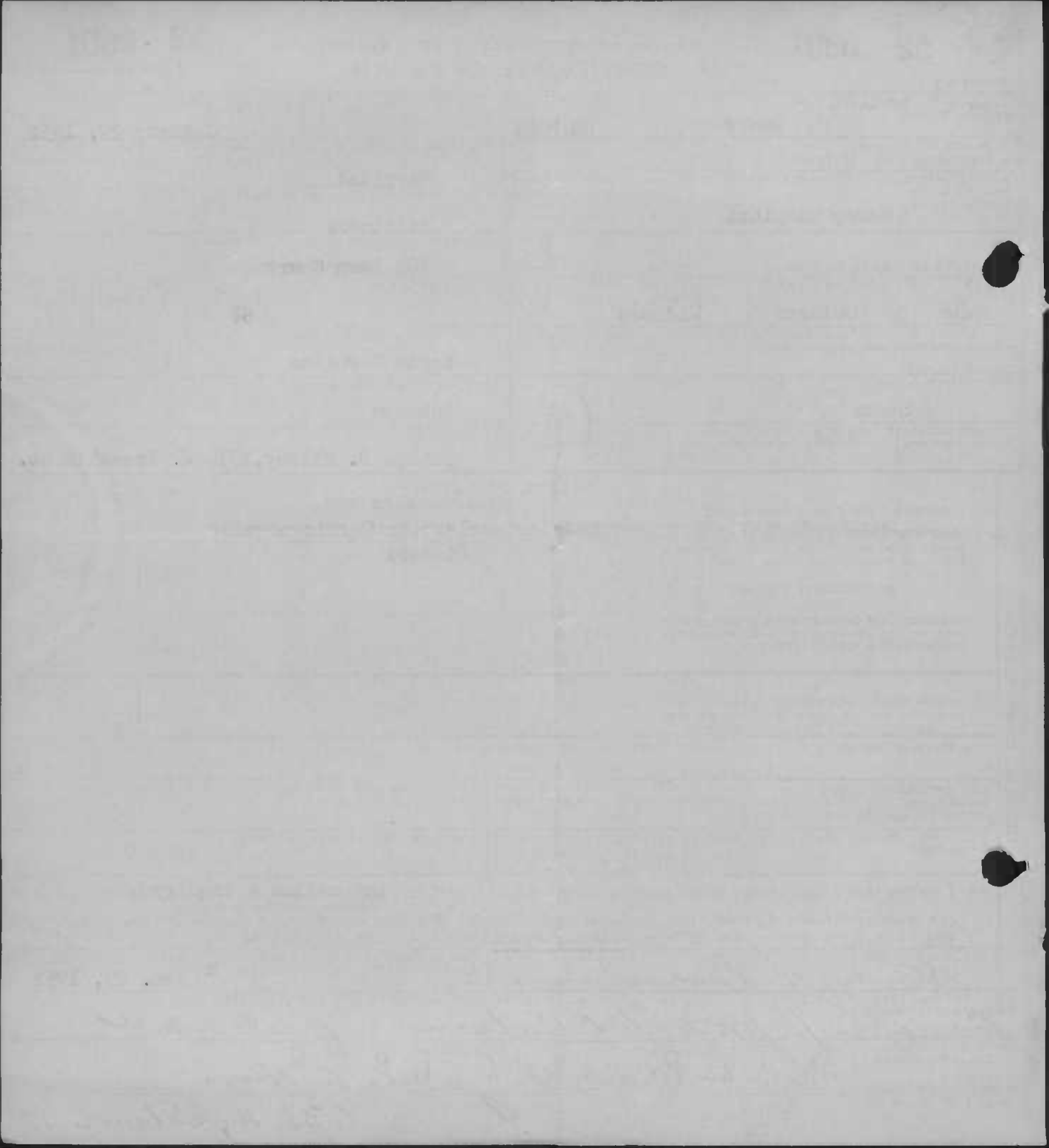
VS 151

JAN 30 1952

Huntington Williams, M.D.

James A. Hayes

937 638 N. Calmar St.



32-3

52 0892

CERTIFICATE CORRECTED 2-8-52

52 0892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George C Wittstadt Sr.

2. DATE
OF
DEATH

Jan. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

Md. Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

607 Virginia Ave 5200

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1885
Dec. 11, 18859. AGE (in years,
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Meats Business

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herrn Joh A. Wittstadt

14. MOTHER'S MAIDEN NAME

Kunigunda E. Egleseer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-65-2588

17. INFORMANT

Mrs. Jennie Wittstadt

ADDRESS

607

CAUSE OF DEATH

18. 400.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular

DUE TO

Disease

Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1952 to Jan. 29, 1952, that I last saw the
deceased alive on Jan. 29, 1952, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Thomas Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

1-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 4/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Branch

24D. LOCATION (City, town, or county)

Westminster Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

2024 Orleans St

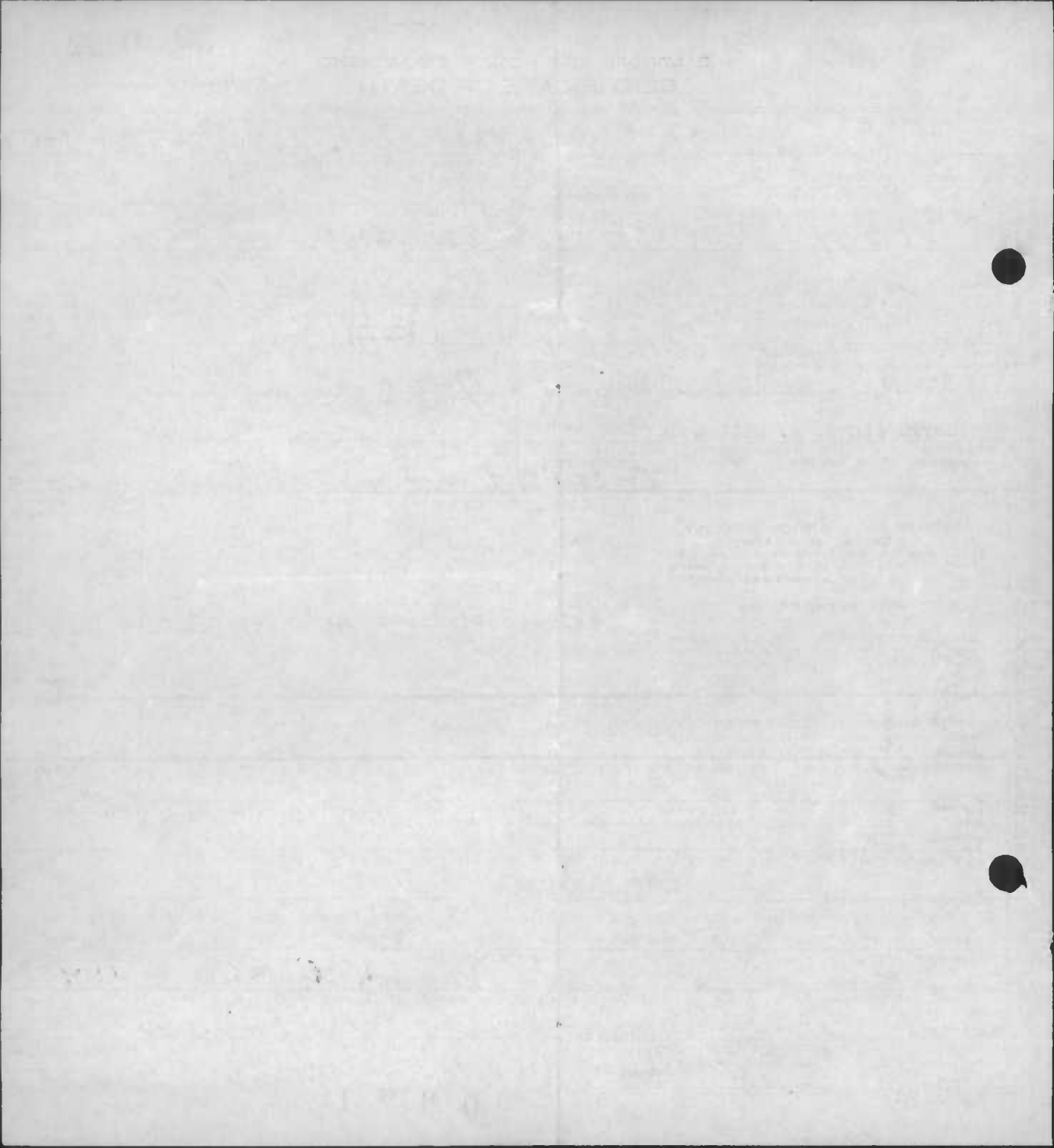
JAN 30 1952

VS 150

3906A 0 B

937

MEDICAL CERTIFICATION



52 0893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0893
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. McALEER

2. DATE
OF
DEATH

1/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONGood Samaritan
Home

27 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

27 N. Carey St.

Length of stay in Baltimore

75 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/28/1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Builder

10B. KIND OF BUSINESS OR
INDUSTRYFarmland
Tractor

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McAleer

14. MOTHER'S MAIDEN NAME

Margaret Godfrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Margaret Deary Valley Sts

ADDRESS

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) OUE TO

Myocardial damage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) OUE TO

Generalized arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1/28/52, 1952, to 1/22/52, that I last saw the
deceased alive on 1/22/52, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Weininger M.O.

23B. ADDRESS

912 Brooks Lane 1/29/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

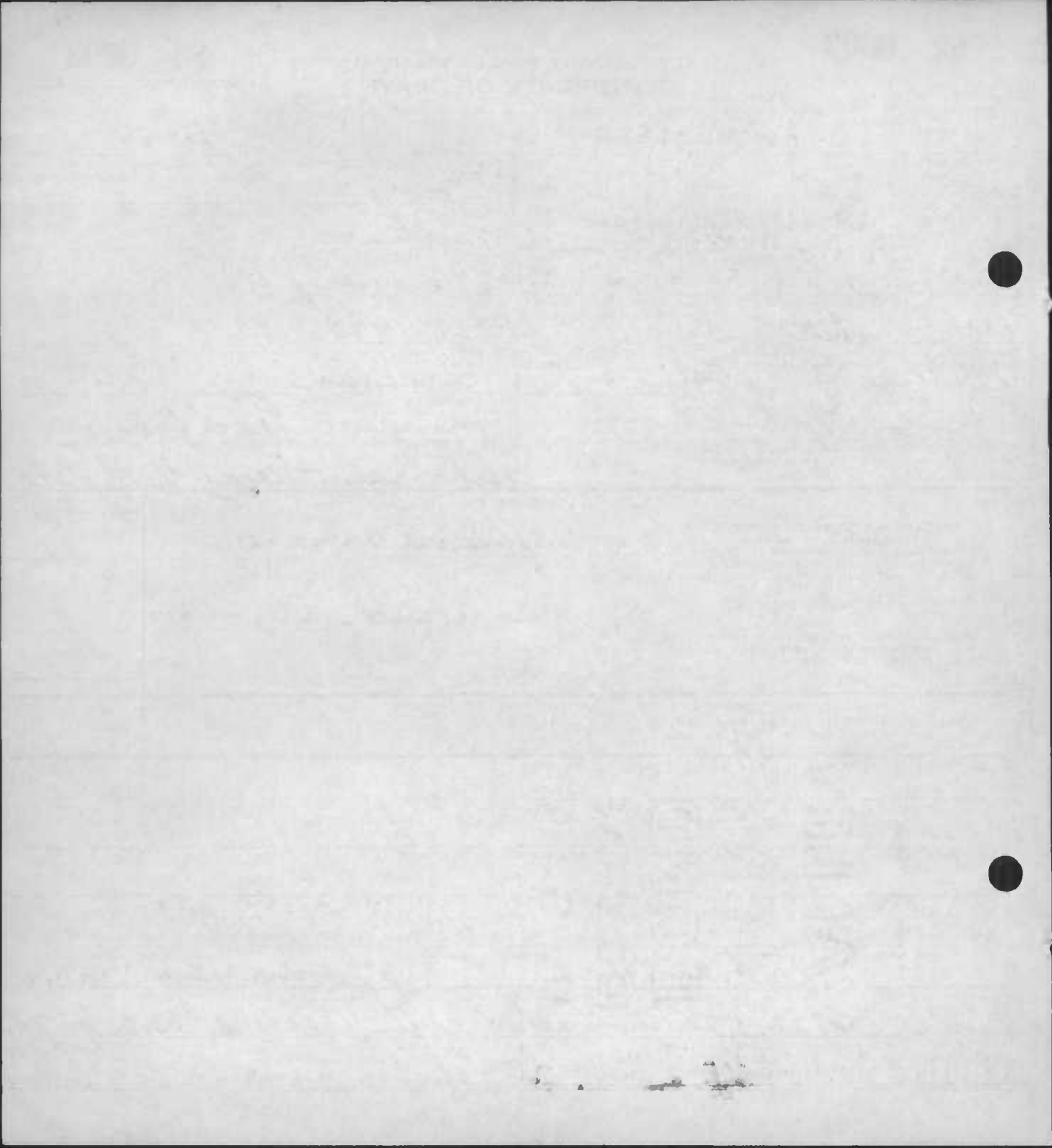
25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

Huntington Williams, M.P.

John J. Cowan & Son Holliston



36 52 0894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0894
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CALVIN ANDERSON		2. DATE OF DEATH January 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1604 Ellsworth Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 14, 1906
9. AGE (In years last birthday) 46		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Labourer		10B. KIND OF BUSINESS OR INDUSTRY Gen	
11. BIRTHPLACE (State or foreign country) Pa		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac Ellender		14. MOTHER'S MAIDEN NAME Mildred	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT James Anderson Kilton West Va		ADDRESS	

18. **E 981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of chest and abdomen**
suicide with intraperitoneal hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1604 Ellsworth Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Jan. 27, 1952 3:00 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Firearms

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

Huntington Williams, M.D.

Mrs. Betty E. Elliott, daughter

VS 151

N-8624

97099

1129 N. Caroline St 166

Received of Mr. J. H. ...

the sum of

Five Dollars

for ...

Witness my hand and seal this ...

Attest: ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0895
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Geo. H. WHALER SR.		2. DATE OF DEATH Jan. 27. 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3116 Rosalie Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3116 Rosalie Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 27-05	
D. STREET ADDRESS (If rural, give location) 3116 Rosalie Ave			

Length of stay in Baltimore **35** Yrs. Mos. Days

5. SEX m.	6. COLOR OR RACE w.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1886	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days: 17	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Talesman		10B. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) California		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?	16. SOCIAL SECURITY NO. 213-05-4129	17. INFORMANT Wife ADDRESS 3116 Rosalie Ave
--	---	--

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Hypertensive C. V. Disease DUE TO (B) Atherosclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan. 1946** to **Jan. 27, 1952**, that I last saw the deceased alive on **Jan. 27, 1952**, and that death occurred at **505 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Nathan Janney	23B. ADDRESS 7101 Harbord Rd.	23C. DATE SIGNED 1/29/52
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 30 52	24C. NAME OF CEMETERY OR CREMATORY Louisa Ch.	24D. LOCATION (City, town, or county) (State) Balto Md
--	--------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Paul J. Genuan ADDRESS 6067 Harbord Rd 93D
--	---	--

MEDICAL CERTIFICATION

1918

1918

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1918



16052 0896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0896

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Agnes Kieffer			2. DATE OF DEATH Jan. 29th., 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1105 Greenmount Avenue			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
length of stay in Baltimore 71 Yrs.			D. STREET ADDRESS (If rural, give location) 1105 Greenmount Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-22- 1863	9. AGE (In years last birthday) 88	If Under 1 Year Months: 11 Days: 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cater (Retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Melchior Rolle			14. MOTHER'S MAIDEN NAME Matilda Kretshmer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mr. Eugene G. Kieffer-1105 Greenmount Ave.		

18. 4200 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic heart disease	CAUSE OF DEATH (A) arteriosclerotic heart disease DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized dermatitis		2 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

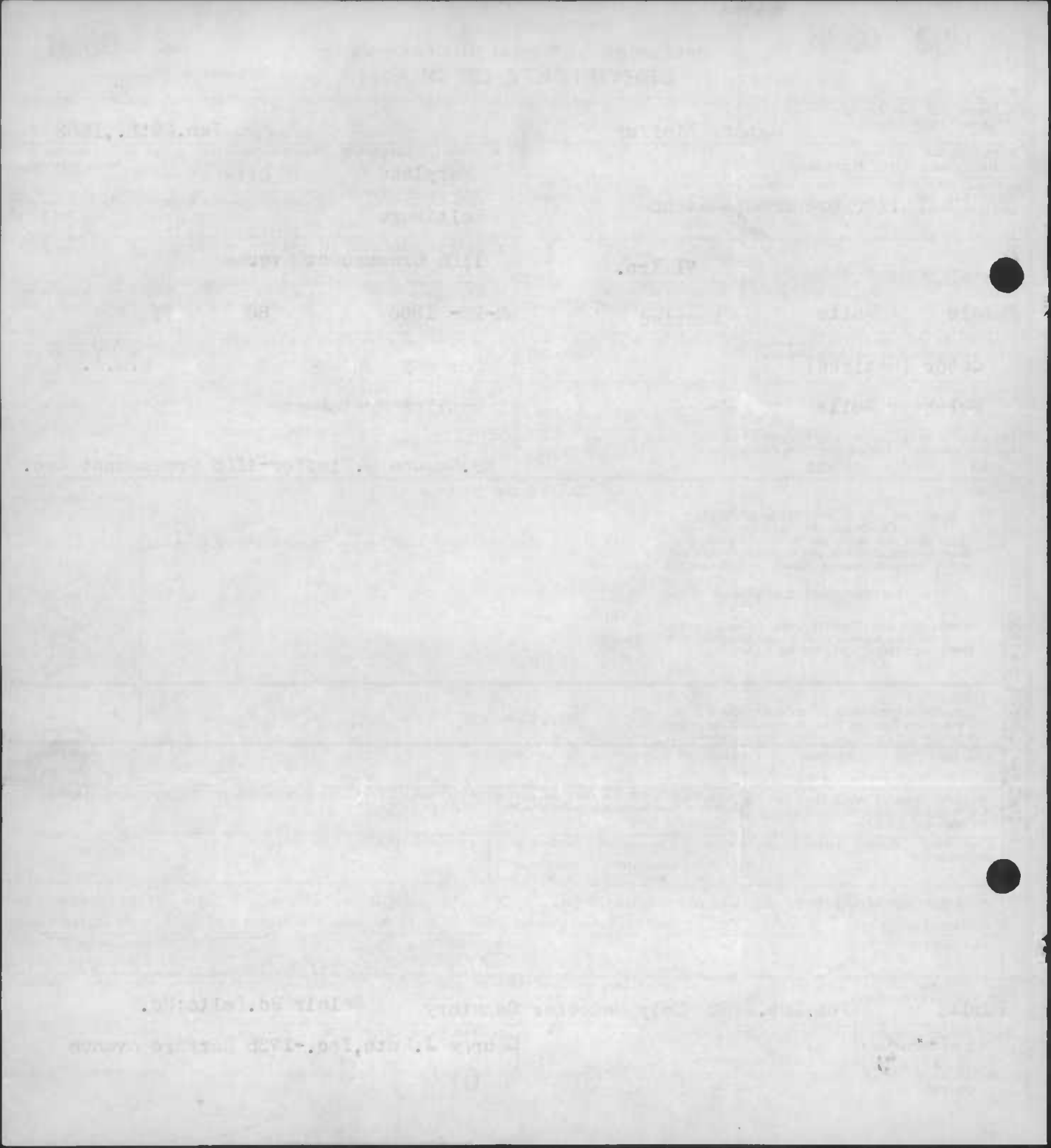
19A. DATE OF OPERATION Feb. 1st. 1952	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **21 Jan., 1952**, to **29 Jan., 1952**, that I last saw the deceased alive on **28 Jan., 1952**, and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Samuel Felsenfeld M.D.** 23B. ADDRESS **718 E. Preston St.** 23C. DATE SIGNED **29 Jan. 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb. 1st. 1952** 24C. NAME OF CEMETERY OR CREMATORY **Holy Redeemer Cemetery** 24D. LOCATION (City, town, or county) (State) **Belair Rd. Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 30 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **George J. Ruth, Inc.** ADDRESS **-1735 Harford Avenue**



236 52 0897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0897

1952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bridget Annie Baxter

2. DATE
OF
DEATH

January 28th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Little Sisters of the Poor
1200 Valley StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1404 Darley Avenue

Length of stay in Baltimore

55 Yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

June 17, 1874

9. AGE (In years last birthday)

78

10. Under 1 Year
Months: Days:11. Under 24 Hours
Hours: Min:10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ireland12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Martin Loftus

14. MOTHER'S MAIDEN NAME
Catherine Murphy15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Little Sisters of the Poor

ADDRESS

1200 Valley Street

18. 140X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Carcinoma Lower Lip
DUE TO

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastasis in Glands
DUE TO

5 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Jan 28, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Hall M.D.

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Jan 29 - 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 31st., 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave. Balto: Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 30 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. 1735 Harford Avenue

ADDRESS

January 1971

1971

1971

1971

1971

1971

1971

1971

600 52 0898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0898
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE LEE BERRY

2. DATE
OF
DEATH

January 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

- 16-15-07

B. FULL NAME OF HOSPITAL OR INSTITUTION

2806 Chelsea Terrace

D. STREET ADDRESS (If rural, give location)

2806 Chelsea Terrace

Length of stay in Baltimore

86

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 4, 1865

9. AGE (In years last birthday)

86

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas J. Magruder

14. MOTHER'S MAIDEN NAME

Sarah Ann Boteler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Elizabeth Moore 2806 Chelsea Terrace - 16

1B.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic cardiovascular disease

15 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 2, 1948, to Jan 28, 1952, that I last saw the deceased alive on Jan 28, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

McClord T. Truband

23B. ADDRESS

3400 Woodbine Ave Balt 2, Md

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 30 1952

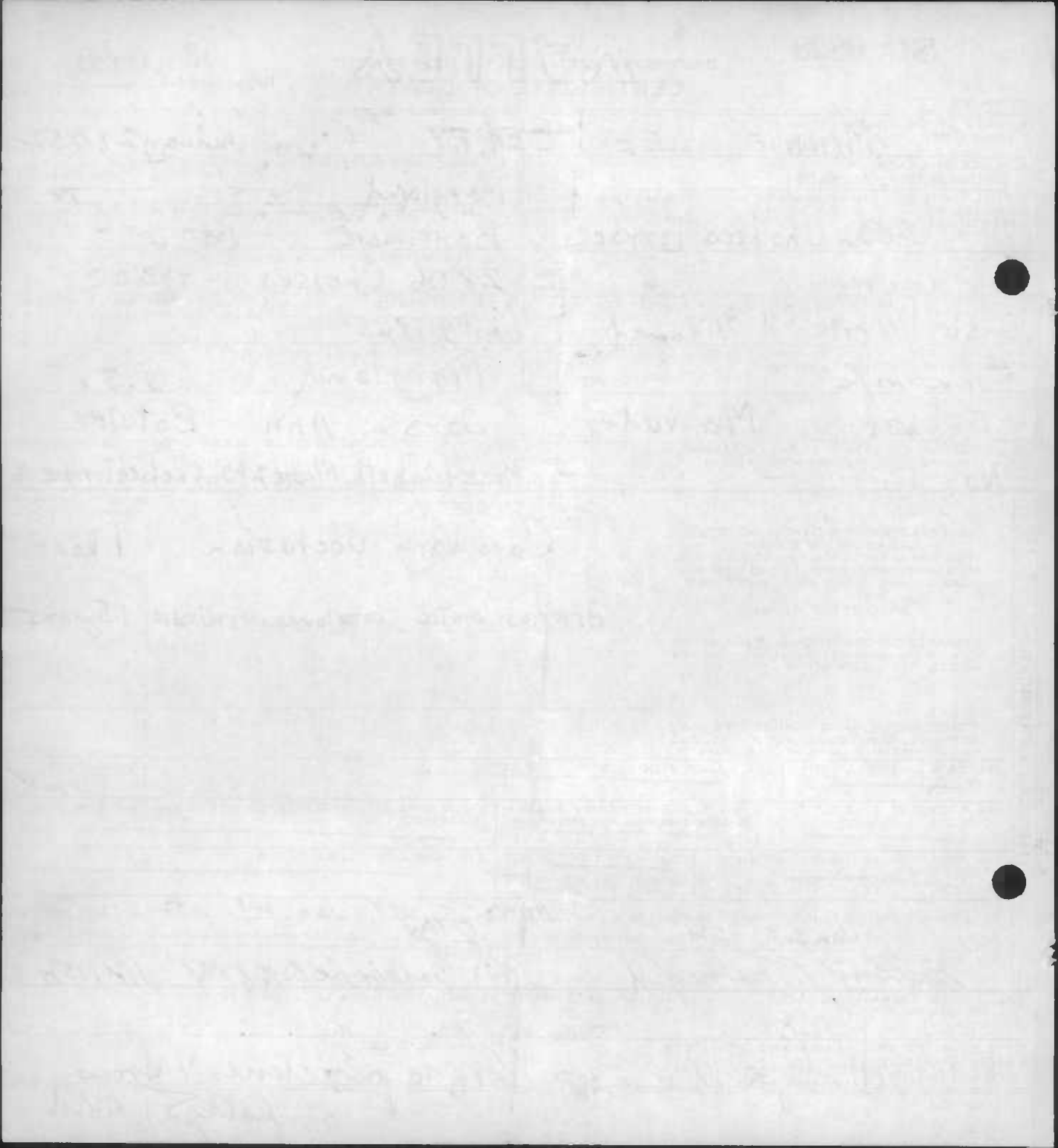
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thos J. Sweeney & Sons

937 Balto 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0899
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL J. WHEELER

2. DATE
OF
DEATH

Jan. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

323 Mt. Holly St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 29, 1893

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Title Examiner

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

- Wheeler

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes World War #1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katherine Wheeler - 323 Mt. Holly St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular Disease

1950

(C) DUE TO

Left Bundle Branch Block

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 15, 1951, to Jan 25, 1952, that I last saw the deceased alive on 1/25, 1952 and that death occurred at 9 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

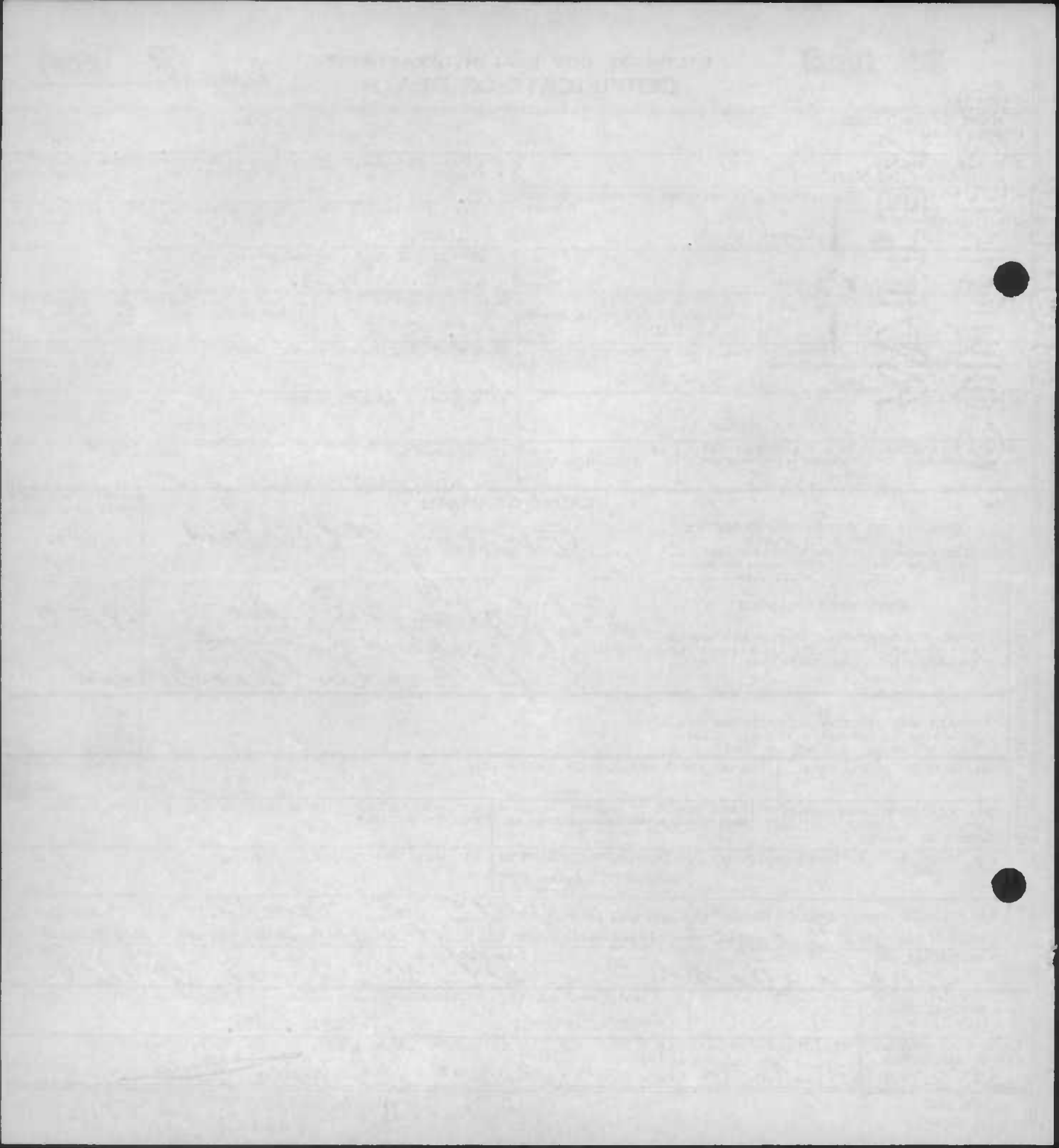
25. FUNERAL DIRECTOR

ADDRESS

VS 150

390 73 08937 Balto 17, Md.

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 2-21-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE ALBERT BRAUER

2. DATE
OF
DEATH

Jan. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

437 N. East Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write full R.A.L. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

437 N. East Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 2, 1908

9. AGE (In years last birthday)

45 44

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proof Dept.

10B. KIND OF BUSINESS OR INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George J. Brauer

14. MOTHER'S MAIDEN NAME

Anna Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-11-1358

17. INFORMANT

ADDRESS

Mrs. Anne E. Brauer-437 N. East Ave.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CAUSE OF DEATH

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 1950, to Jan 26, 1952 that I last saw the deceased alive on 12/26, 1951 and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/30/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

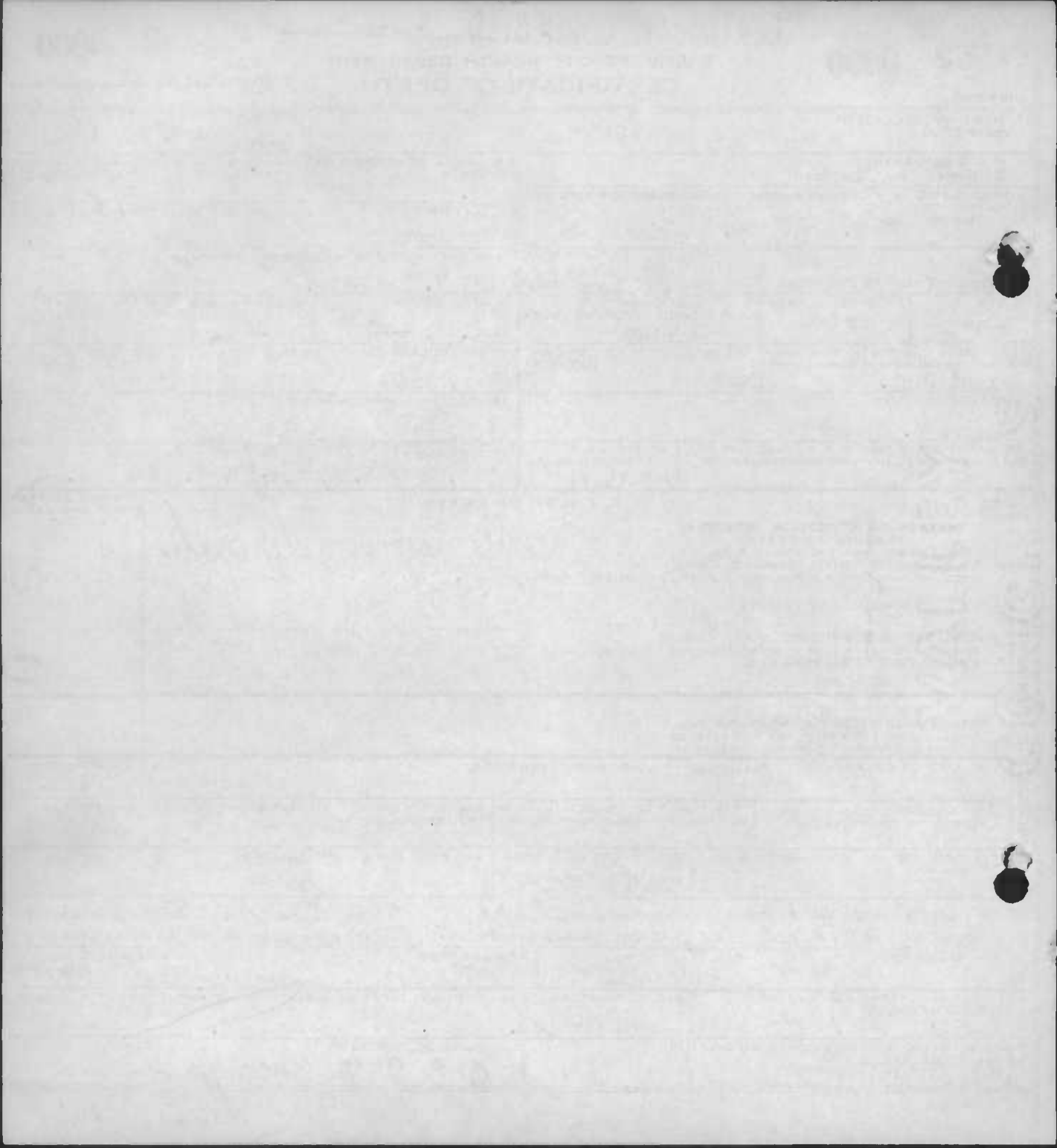
JAN 30 1952

Huntington Williams, Jr.

Wm. G. Dickner & Sons.

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.



4532 0901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0901

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE T. WILLIAMS

2. DATE
OF
DEATH

January 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2236 Ruskin Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 28, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Produce-Sea Food

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George T. Williams, Sr.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George Williams - 204 Slade Ave. #8

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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40052 0902

CERTIFICATE CORRECTED 2-1-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0902

ND156000

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)L.
Bessie/ Sohl2. DATE
OF
DEATH

Jan 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2208 N. Charles St. (18)

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 7, 1879-1880

9. AGE (in years)

72 71

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

13. FATHER'S NAME

James Zacharias

14. MOTHER'S MAIDEN NAME

Laura Rinehart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Hypertensive arteriosclerotic cardiovascular Disease

7-8 Yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1952, to 1-26, 1952, that I last saw the deceased alive on 1-26, 1952, and that death occurred at 8a m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 30 1952

REGISTRAR'S SIGNATURE

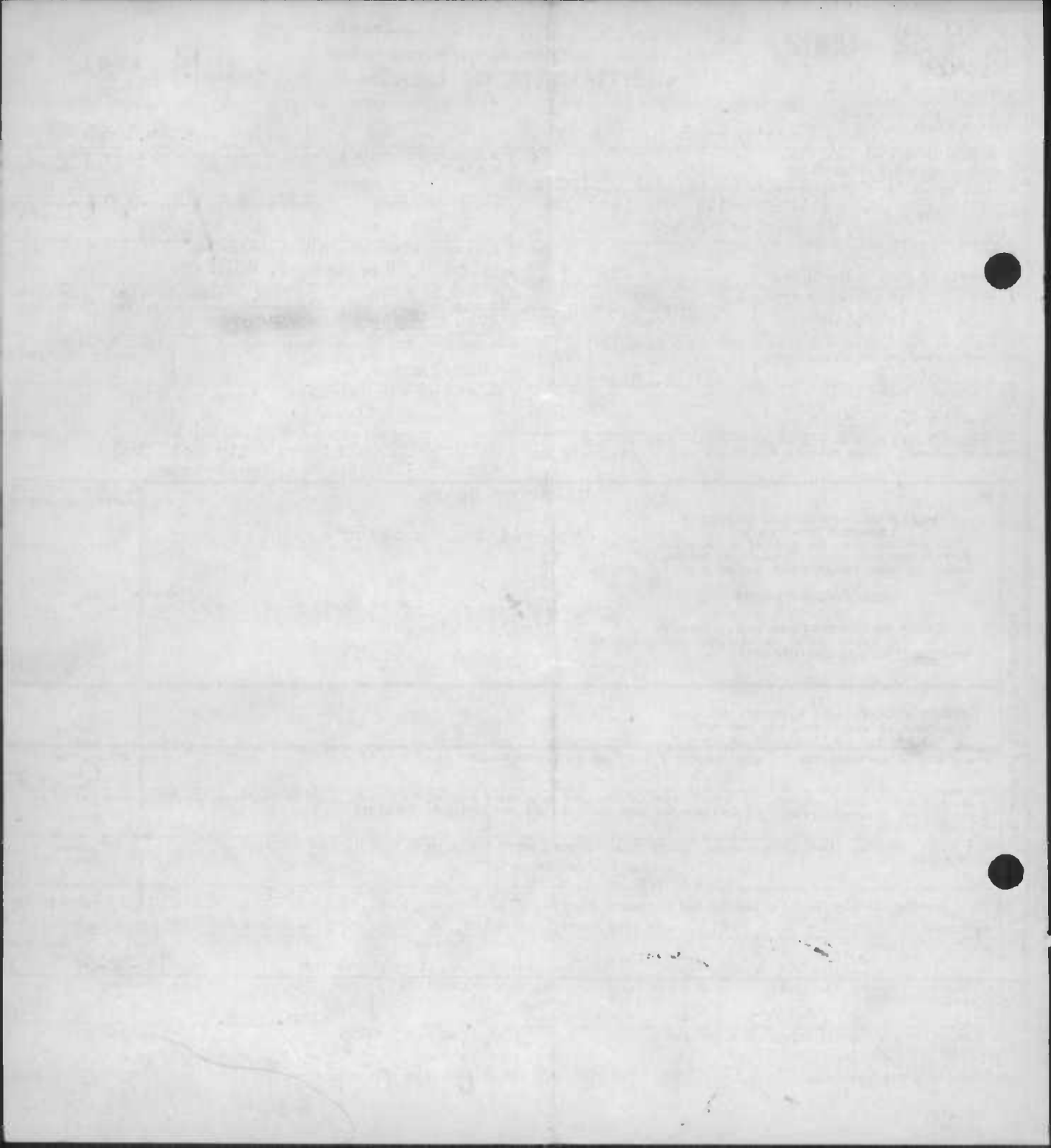
Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickens & Sons -

ADDRESS

Balto 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZA (LILA) BROCK

2. DATE
OF
DEATH

Jan. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2331 N. Monroe St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2331 N. Monroe St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

B. DATE OF BIRTH

Jan. 12, 1872

9. AGE (In years,
last birthday)

80

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR
INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Brock

14. MOTHER'S MAIDEN NAME

Elizabeth Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. W. F. Gunther - 2331 N. Monroe St.

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUPLICATE

Cardiovascular disease
Coronary thrombosis
arterio-sclerosis

P

17 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUPLICATE

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 11, 1952, to Jan 28, 1952, that I last saw the
deceased alive on Jan 27, 1952, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

1/30/52

Long Island

New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

Huntington Williams, M.D.

2220 Garrison Blvd Jan 29/52

VS 150

937 Baito Md.

MEDICAL CERTIFICATION

correct age is especially important. If in years, please state the cause of death.

Backs of the
General Land Office
at the
Washington, D.C.

~

June 27, 1892

Received of the
General Land Office

John Smith

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW J. POWELL

2. DATE
OF
DEATH

Jan. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

800 Dorchester Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Arbutus

D. STREET ADDRESS (If rural, give location)

800 Dorchester Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 9, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seafood Rtd

10B. KIND OF BUSINESS OR INDUSTRY

Seafood Wholesaler

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Henry Powell

14. MOTHER'S MAIDEN NAME

Arkansas Marchant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
214-24-0308

17. INFORMANT

ADDRESS

Rd.

Mrs. Celestine V. Powell-800 Dorchester

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cornary occlusion

10 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 12, 1949, to Jan 28, 1952, that I last saw the deceased alive on 19 and that death occurred at m. from the causes and on the date stated above.

23A. SIGNATURE

John P. Coakley

M. O.

23B. ADDRESS

4201 Wilkes Ave

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/1/52

24C. NAME OF CEMETERY OR CREMATORY

Gwynn Island

24D. LOCATION (City, town, or county)

Virginia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2410 J. Dickner & Sons

ADDRESS

942 Balto 17, Md.

CERTIFICATE OF DEATH

WATSON, GUY HENRY

1911

WATSON, GUY HENRY

WATSON, GUY HENRY

WATSON, GUY HENRY

WATSON, GUY HENRY

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WATSON, GUY HENRY

163
52 0905BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0905

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIAN R. COBERTH			2. DATE OF DEATH Jan. 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Ashburton Nursing Home INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) formerly of: 2744 Winchester St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 9, 1866	9. AGE (In years last birthday) 85	If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Russell			14. MOTHER'S MAIDEN NAME Sarah Ann ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mr. Russell Coberth - 405 Locust Dr.			ADDRESS Balto. 28, Md.		

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio-Vascular disease DUE TO (A) _____ (B) _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH years
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) _____ (B) _____ (C) _____
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

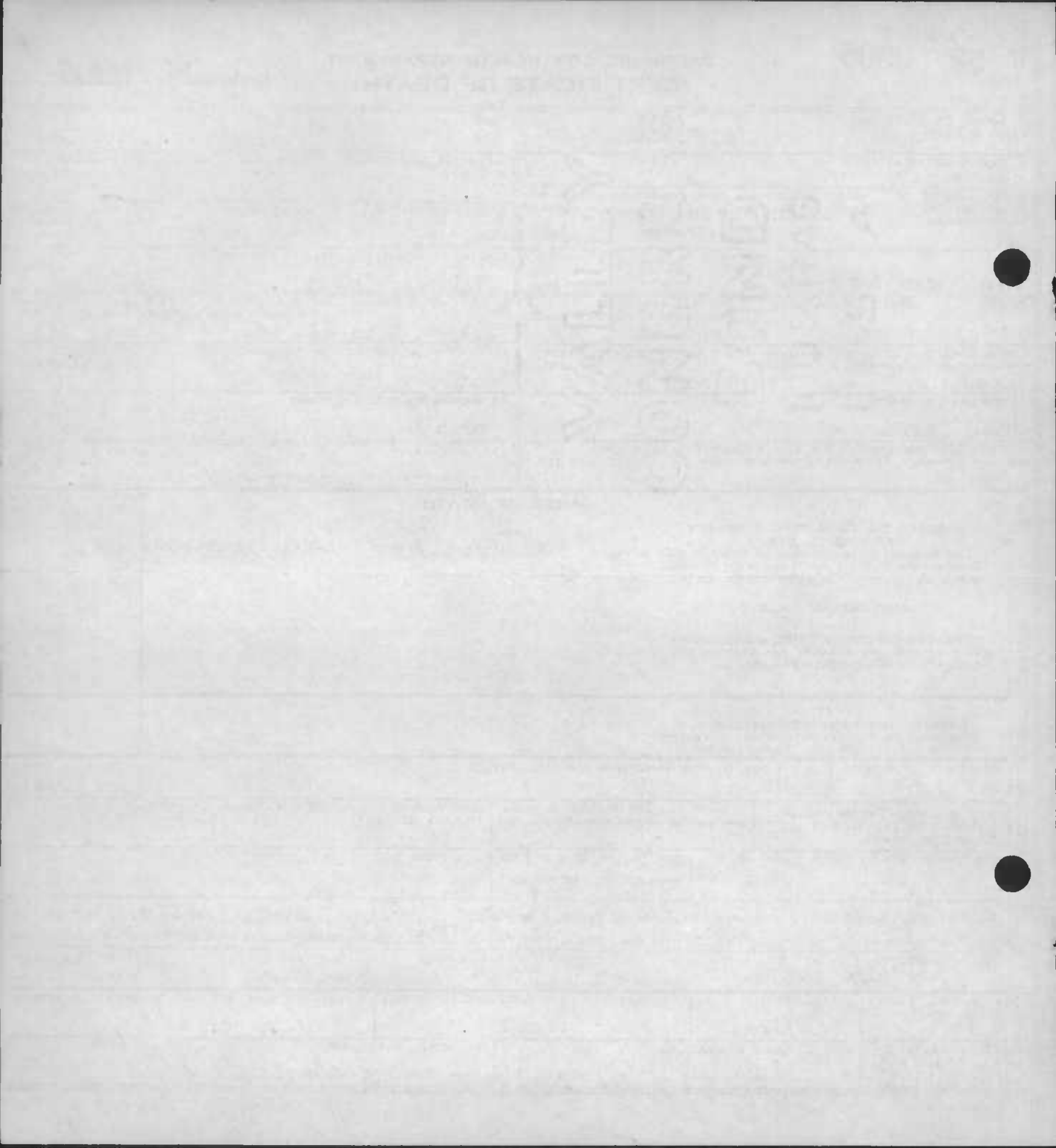
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 1951**, to **January 1952**, that I last saw the deceased alive on **January 6, 1952**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23A. SIGNATURE **James P. Nolan** M. D. 23B. ADDRESS **5804 Edmonston Ave** 23C. DATE SIGNED **Jan 29, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/30/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Fickner & Sons	ADDRESS Balto 17, Md 937
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2 52 0906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0906
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESSIE JACKSON		2. DATE OF DEATH January 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 30 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1308 East Monument Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sept.	8. DATE OF BIRTH Mar-5-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (In years last birthday) 48	9. AGE (In years last birthday) 48
10B. KIND OF BUSINESS OR INDUSTRY In General		11. BIRTHPLACE (State or foreign country) Greenwood S.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Jackson		14. MOTHER'S MAIDEN NAME Annie Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War # 1		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Jackson		ADDRESS 2010 N. Fulton Ave	

18. **331X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Cerebral Hemorrhage
(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

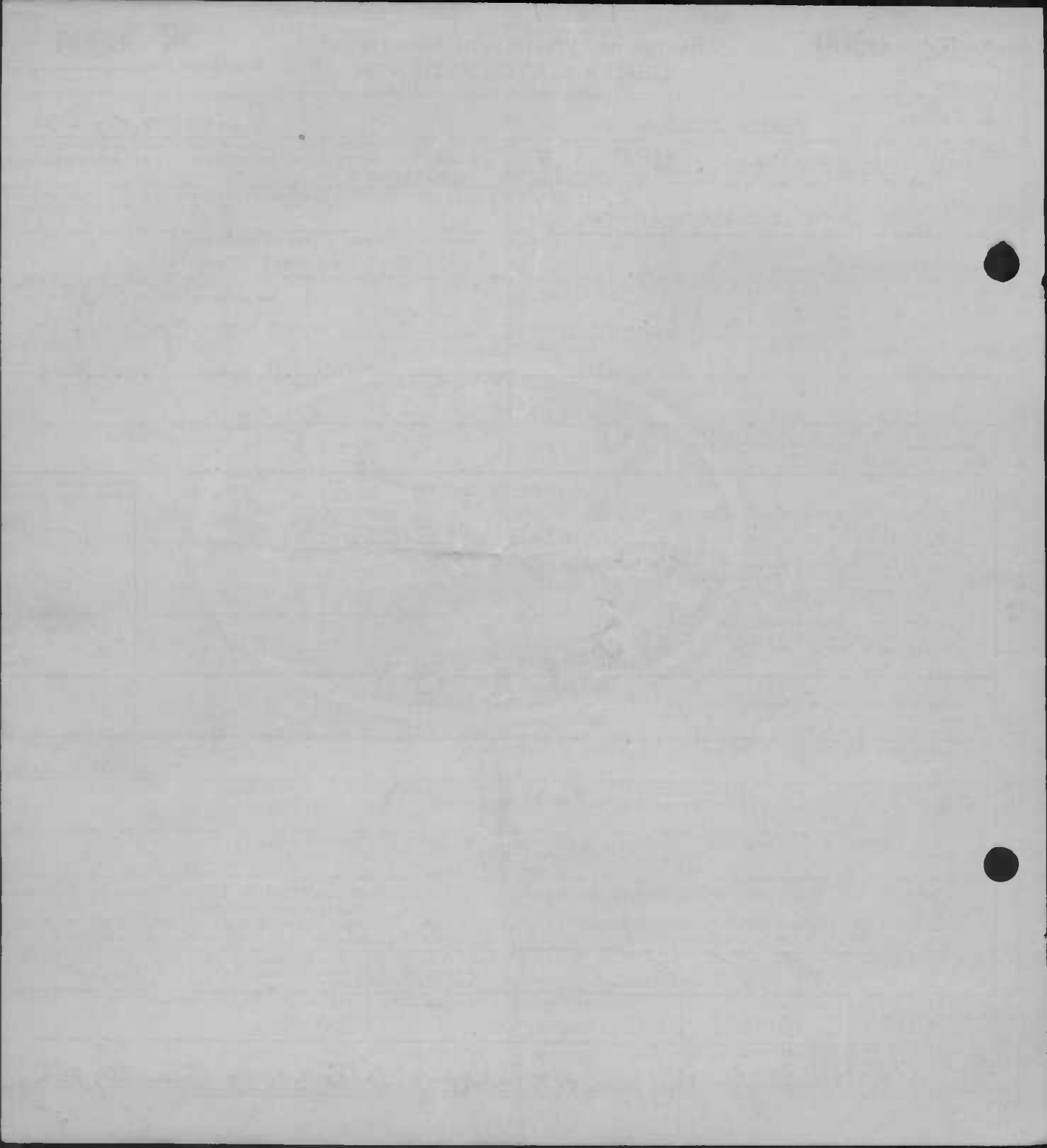
!!
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 1/25/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/30/1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat.
24D. LOCATION (City, town, or county) Baltimore		(State)

DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elmer Wilson	ADDRESS 1000 Beatty Ave
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0907
Registered No.

0092 0907
BIRTH NO. G 88478

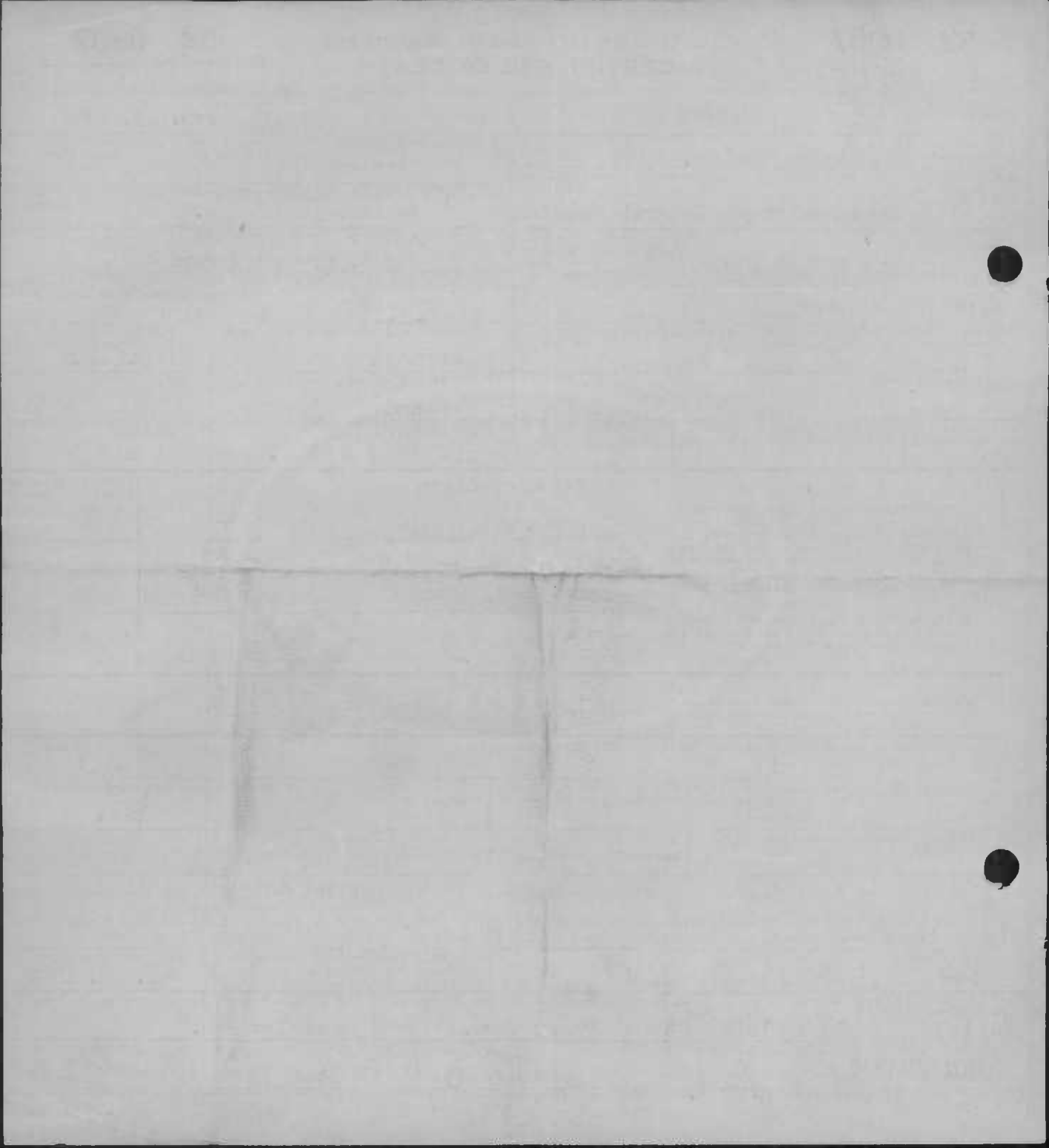
1. NAME OF DECEASED (Type or Print) JOSEPH SHAW		2. DATE OF DEATH Jan. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 805 S. Fremont Avenue		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 1-1947
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 4
13. FATHER'S NAME Arby Shaw		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Annie Shaw		ADDRESS 805 S. Fremont Ave	

18. 490 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley E. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 28, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/30/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.	

DATE RECEIVED BY LOCAL REGISTRAR **JAN 30 1952** REGISTRAR'S SIGNATURE *Huntington Williams, Jr.* FUNERAL DIRECTOR *Ernest O. Wilson* ADDRESS *1011 Brantly Ave*
VS 151 108 ✓

MEDICAL CERTIFICATION



620
52 0908BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0908
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kenneth Brooks

2. DATE
OF
DEATH

January 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. city

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Box 6126

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

On General

8. DATE OF BIRTH

1-22-19

9. AGE (In years last birthday)

33

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

D. C. Co. Md

12. CITIZEN OF
WHICH COUNTRY?

U. S. A.

13. FATHER'S NAME

Ellsworth Brooks

14. MOTHER'S MAIDEN NAME

Eneveres Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 34XX I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Meningitis

< 1 wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Staphylococcal Septicemia

DUE TO

(C)

Multiple Brain Abscesses

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-25-52

19B. MAJOR FINDINGS OF OPERATION

Brain Abscess

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1952, to 1-28, 1952, that I last saw the deceased alive on 1-28, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Alex Haller, Jr.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-29-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md

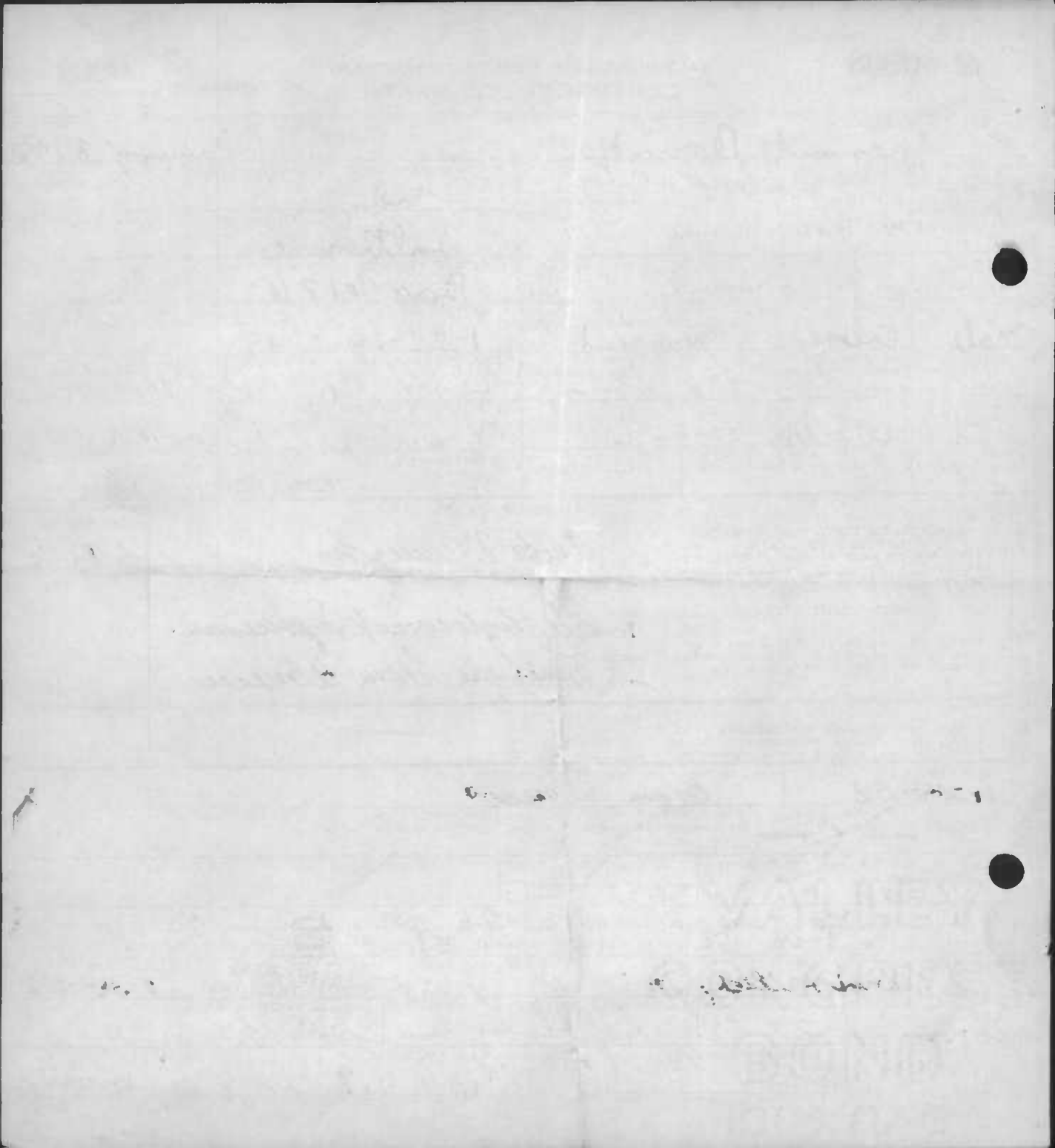
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, Jr.

25. FUNERAL DIRECTOR

Elmer O. Wilson 1000 Bunting



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katie (Nebsett) Neblett

2. DATE

OF DEATH Jan-27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1805 Riggs Avenue

1805 Riggs Avenue

c. Length of stay in Baltimore 29 Yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

Female

Col.

Widow

Nov-23-1900

51

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Domestic

At Home

Virginia

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Samuel Brown

Vertley Lankford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No

George Brown 1805 Riggs Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) MYOCARDIAL INFARCTION
DUE TO

10 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY THROMBOSIS
DUE TO
(C) MYOCARDITIS

"

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

HYPERTENSION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1951, to 1/27, 1952, that I last saw the deceased alive on 1/27, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/30/1952

Baltimore Nat

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

Huntington Williams, M.D.

Choy Wilson 1000 Brantley way

VS 150

7208A

937

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0909
Registered No.

1000

CERTIFICATE OF DEATH

1000

1	2	3	4	5	6	7	8	9	10	11	12
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1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044
1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056
1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068
1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080
1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092
1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104
1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116
1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128
1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140
1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152
1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164
1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176
1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188
1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200
1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212
1213	1214	1215	1216	1217	1218	1219	1220	1221	1222	1223	1224
1225	1226	1227	1228	1229	1230	1231	1232	1233	1234	1235	1236
1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248
1249	1250	1251	1252	1253	1254	1255	1256	1257	1258	1259	1260
1261	1262	1263	1264	1265	1266	1267	1268	1269	1270	1271	1272
1273	1274	1275	1276	1277	1278	1279	1280	1281	1282	1283	1284
1285	1286	1287	1288	1289	1290	1291	1292	1293	1294	1295	1296
1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308
1309	1310	1311	1312	1313	1314	1315	1316	1317	1318	1319	1320
1321	1322	1323	1324	1325	1326	1327	1328	1329	1330	1331	1332
1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344
1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356
1357	1358	1359	1360	1361	1362	1363	1364	1365	1366	1367	1368
1369	1370	1371	1372	1373	1374	1375	1376	1377	1378	1379	1380
1381	1382	1383	1384	1385	1386	1387	1388	1389	1390	1391	1392
1393	1394	1395	1396	1397	1398	1399	1400	1401	1402	1403	1404
1405	1406	1407	1408	1409	1410	1411	1412	1413	1414	1415	1416
1417	1418	1419	1420	1421	1422	1423	1424	1425	1426	1427	1428
1429	1430	143									

326 52 0910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0910
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JULIA KATHERINE SCHWEITZER			2. DATE OF DEATH January 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2802 The Alameda			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore 76 years			D. STREET ADDRESS (If rural, give location) 2802 The Alameda		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 5, 1870	9. AGE (In years, last birthday) 81	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Albert Hoeschele		
14. MOTHER'S MAIDEN NAME Not known			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT 2802 The Alameda - 18 Mrs. Harry Solomon		

18. 199.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Abdominal Carcinomatosis (OVER) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 10 Mo -	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954 to 1/27, 1955, that I last saw the deceased alive on 1/25, 1955, and that death occurred at 10:45 pm., from the causes and on the date stated above.

22A. SIGNATURE Thomas L. Worsley	22B. ADDRESS 2900 Alameda Blvd M. D.	22C. DATE SIGNED 1/28/55
23A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	23B. DATE 1/ / 52	23C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
23D. LOCATION (City, town, or county) Baltimore, Md.		24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTIMORE - 03, MD.
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams	ADDRESS 55E

When first seen - pt. had Acites & man-
irregular & nodular occupying about $\frac{1}{4}$ of
skullmen - liver enlarged - nodular & tender -
Thos. L. Walsley -

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

C. MILTON WILLIAMSON

2. DATE
OF
DEATH

1/27/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1618 N. BROADWAY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6. STREET ADDRESS (If rural, give location)

1618 N. Broadway

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 25, 1884

9. AGE (In years last birthday)

67

10 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR INDUSTRY

Md. State Income Tax Division

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

David Williamson

14. MOTHER'S MAIDEN NAME

Sarah Scally

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

217-14-0963

17. INFORMANT ADDRESS

Mrs. Lillian Williamson

CAUSE OF DEATH

18. **454X I**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

Q. U. E. T. O.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Thrombosis Central striate artery

D. U. E. T. O.

(C)

Arteriosclerosis, general

INTERVAL BETWEEN ONSET AND DEATH

1 day

6 mo.

2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **12-5-50**, 19**50**, to **1/27/52**, 19**52**, that I last saw the deceased alive on **1/27/52**, and that death occurred at **9 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Marion Friedman

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

1/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

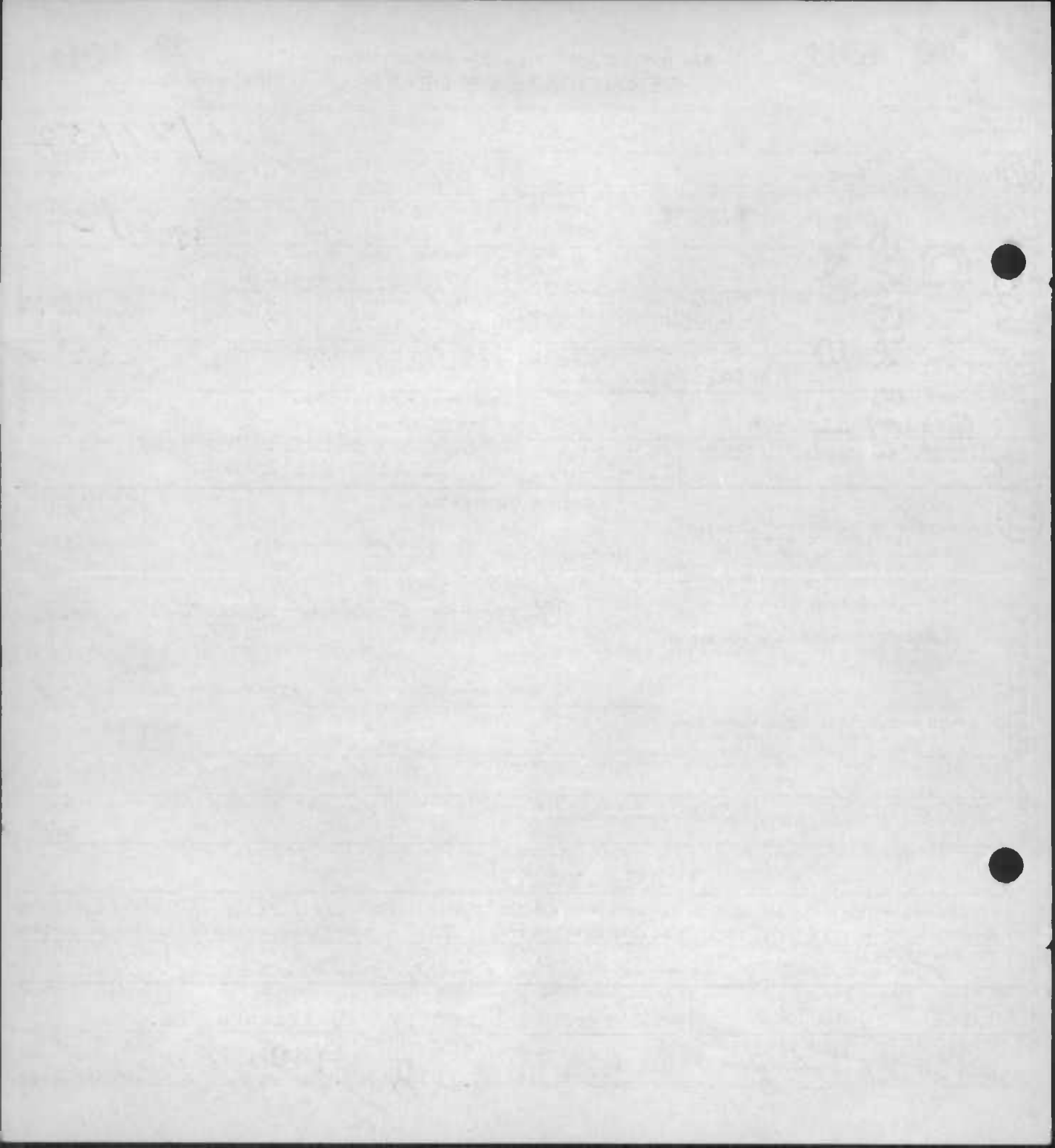
25. FUNERAL DIRECTOR

HENRY SANDEA & SONS, INC.

ADDRESS

BALTO., MD.

Segi P. Kunde



416 32 0912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0912

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM FULLBAUER

William

Fullbauer

2. DATE
OF
DEATHJANUARY 29
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Pinecrest Sanatorium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

220 N. Milton Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/15/1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Meter reader

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Fullbauer

14. MOTHER'S MAIDEN NAME

Elizabeth Hess

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 220 N. Milton Avenue -24
Miss Mildred Fanton

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CHRONIC MYOCARDITIS AND
MYOCARDIAL DEGENERATION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ARTERIOSCLEROTIC HEART
DISEASE
(C) GENERALIZED ARTERIOSCLEROSISOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 23, 1952 to JANUARY 29, 1952 that I last saw the
deceased alive on JAN 28, 1952, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. O.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 913. MD.

Bay 7

JAN 30 1952

VS 150

390 5E

93D

MEDICAL CERTIFICATION

Sheet 2

RECEIVED BY THE DIRECTOR
OFFICE OF THE SECRETARY OF THE ARMY

1900

[Faint, mostly illegible text follows, appearing to be a memorandum or report. The text is too faded to transcribe accurately.]

62052 0913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0913

Registered No. _____

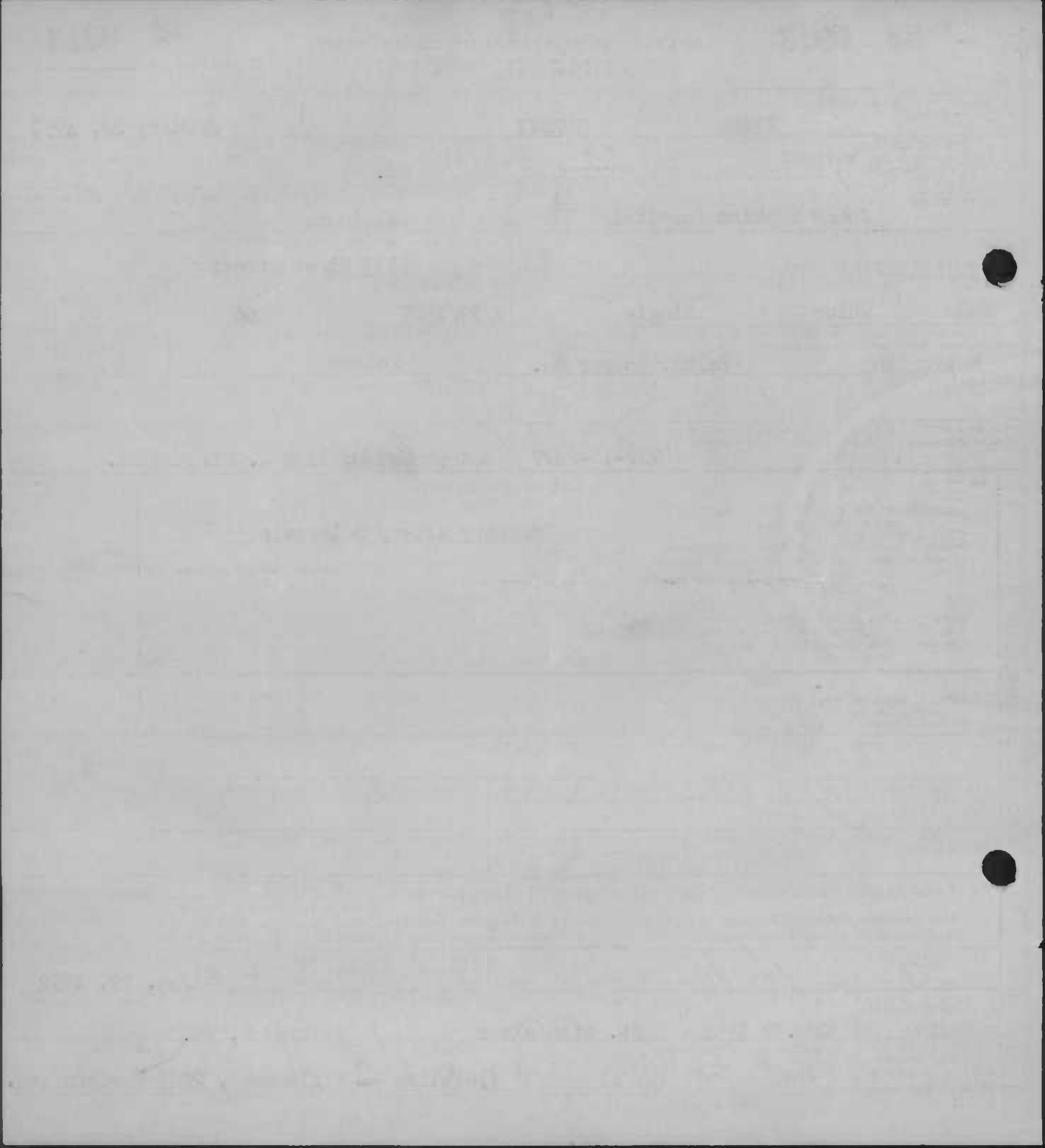
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FRANK GURSKI		2. DATE OF DEATH January 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1733 Fleet Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/29/1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Man		9. AGE (In years last birthday) 66	
10B. KIND OF BUSINESS OR INDUSTRY Balto. Copper Co.		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME TANKS (M)		12. CITIZEN OF WHAT COUNTRY? _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-10-2277	
17. INFORMANT Joseph Swigg		ADDRESS 1233 S. Clinton St.	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Sclerosis DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH _____
--	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 29, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 31, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR William S. Fialkowski	
VS 151		55432		ADDRESS 2007 Eastern Ave.	

94a ✓



-200
52 0914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0914
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) ISABELLE E. WEIS

2. DATE OF DEATH
1/28/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MARYLAND. B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Good Samaritan House
27 N. Carey St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

C. Length of stay in Baltimore
LIFE Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
528 DALE AVE. 5300

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH NOV 30 1882 9. AGE (in years last birthday) 69 If Under 1 Year Months: Days If Under 24 Hours Hours: Mtn.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10B. KIND OF BUSINESS OR INDUSTRY HOUSE WORK.

11. BIRTHPLACE (State or foreign country) BALTIMORE 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
GEORGE CHASE.

14. MOTHER'S MAIDEN NAME
ELIZABETH O'NEILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE 17. INFORMANT ADDRESS HARRY T. CHASE 528 DALE AVE.

18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Widely metastasizing carcinoma of the rectum
(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
about 3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17/1950 to 1/27/1952 that I last saw the deceased alive on 1/27/1952 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

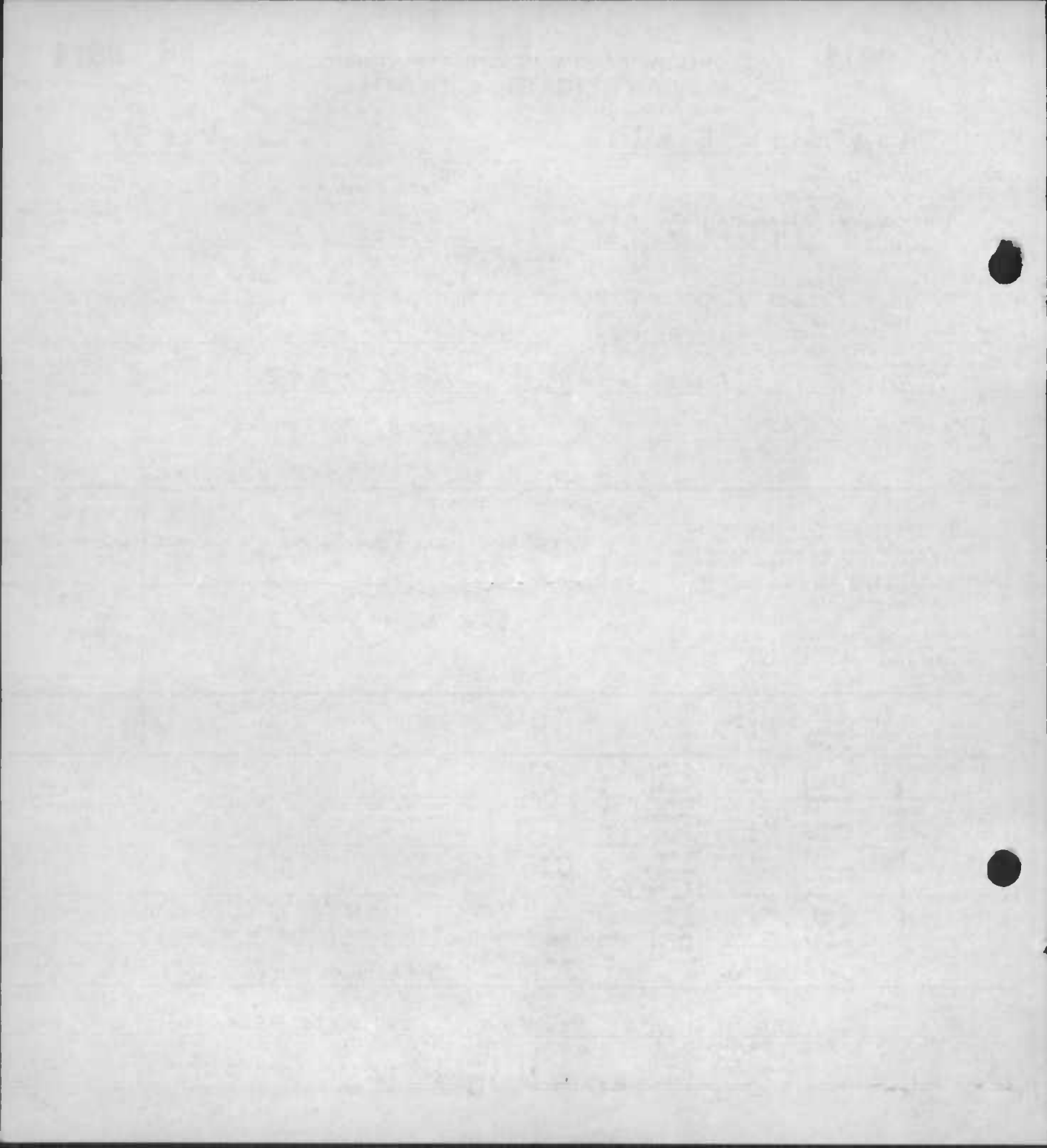
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
JAN 30 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Duffel Bldg.

ADDRESS
7110 BELAIR RD.



12032 0915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0915

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN

TOBIAS

2. DATE
OF
DEATH

January 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Norman Tobias - Newton Mass

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) General arteriosclerosis

DUE TO Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

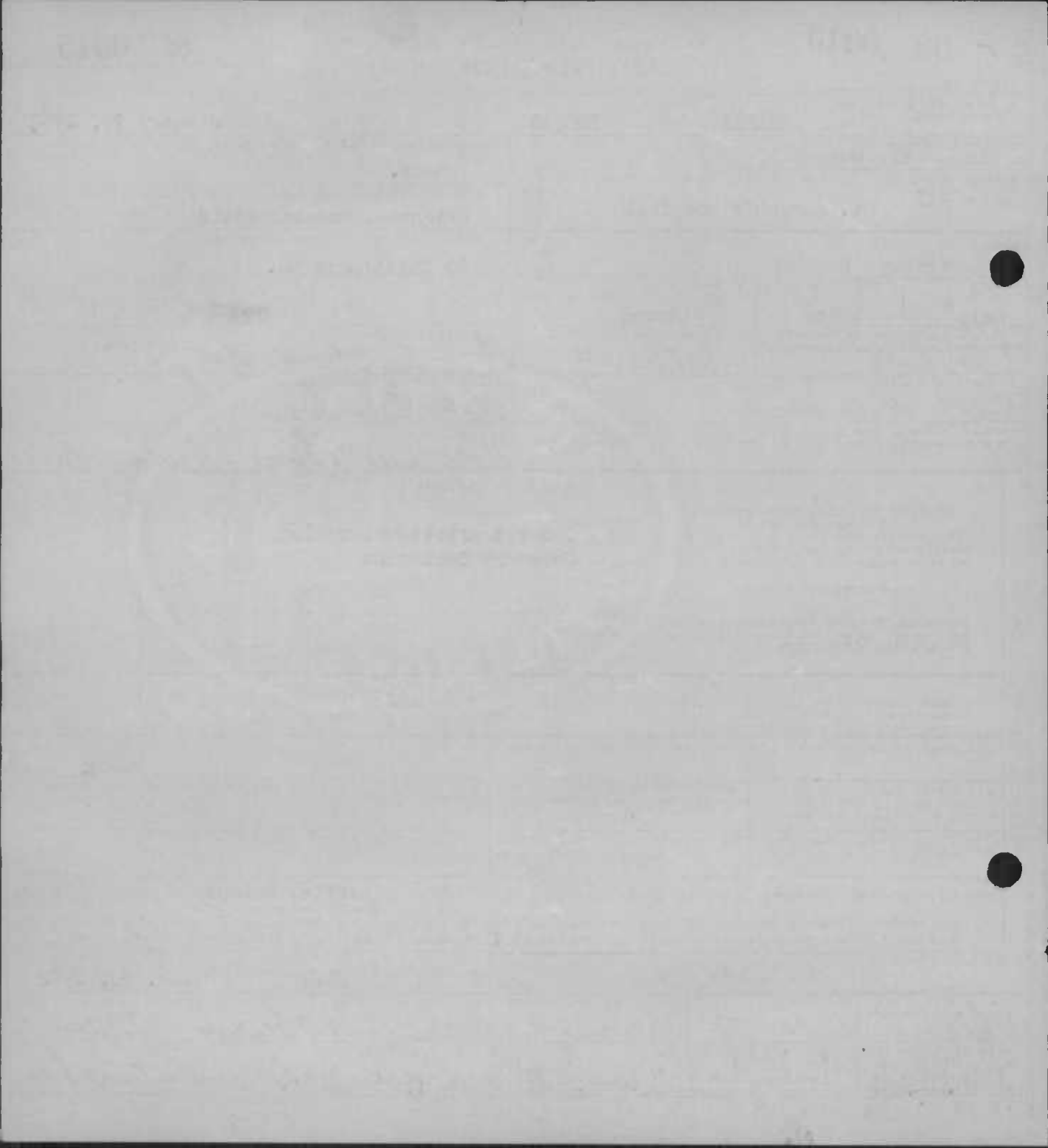
VS 151

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MEDICAL CERTIFICATION

Correct age is especially important. In all cases, please write the cause of death clearly and briefly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 0916**

146
52 0916
BIRTH NO.

1. NAME OF DECEASED (Type or Print) BOYD T. APPLER			2. DATE OF DEATH Jan. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Luthern Hosp. of Md.			4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital of Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1711 Wilkens Ave.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1889		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Salesman			10B. KIND OF BUSINESS OR INDUSTRY All States Ins.		11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Thomas Appler		
14. MOTHER'S MAIDEN NAME Anelia			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Boyd T. Appler, 1711 Wilkens Ave		

18. 330 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoidal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 25, 1952**, to **Jan. 28, 1952**, that I last saw the deceased alive on **Jan. 28, 1952**, and that death occurred at **4:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. C. MacGowan** M. O. 23B. ADDRESS **Luthern Hosp. of Md.** 23C. DATE SIGNED **Jan. 28/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb. 1/52** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Pk.** 24D. LOCATION (City, town, or county) **Baltimore, Md.** (State)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE **Harry H. Witzke** 25. FUNERAL DIRECTOR ADDRESS **4101 Edmondson Ave**

JAN 30 1952 VS 150 **450 73**

MEDICAL CERTIFICATION

8000 5000

8000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **58 0917**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John M. Kerr</i>		2. DATE OF DEATH <i>1/28/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>17d</i> B. COUNTY <i>1-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Salts Rd</i>	
Length of stay in Baltimore <i>life</i> Yrs. <i>life</i> Mos. <i>life</i> Days <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1008 S. Potomac St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>4-26-1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Trust Officer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Court</i>	9. AGE (In years last birthday) <i>75</i>
13. FATHER'S NAME <i>Thomas Kerr</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Hannah McDonnald</i>	
17. INFORMANT <i>Gerald Kerr</i>		ADDRESS <i>1017 Francis Ave.</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anteriosclerotic C.V. disease</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Anteriosclerotic C.V. disease</i> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

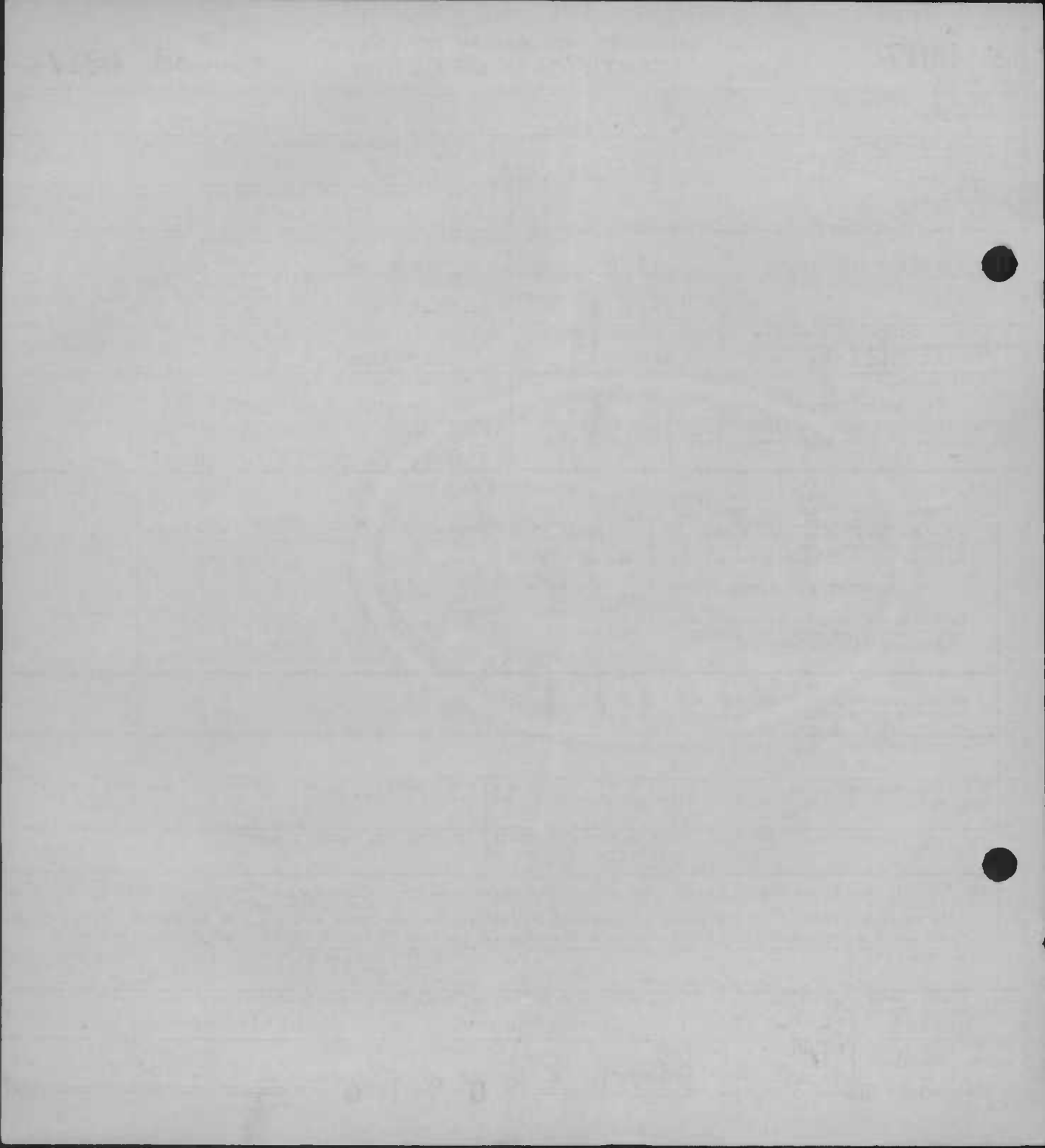
23A. SIGNATURE *R. H. Sullivan* 23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....*1/28/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *1-31-1952* 24C. NAME OF CEMETERY OR CREMATORY *New Cathedral* 24D. LOCATION (City, town, or county) (State) *Baltimore Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JAN 30 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *John D. Moran* ADDRESS *3000 E. Baltimore St*

Correct age is especially important. If uncertain, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0918

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BERTHA GILES

2. DATE
OF
DEATH

1-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *md* B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore *26-03*

D. STREET ADDRESS (If rural, give location)
4657 Freedom Library

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 16, 1888

9. AGE (In years last birthday)

63

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Mc Clelland

14. MOTHER'S MAIDEN NAME

Annette Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Giles, 4351 Parkton Street

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic cardiac*

DUE TO *vascular disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. J. McClelland

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

1-30-52

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Removal

24B. DATE

1/30/52

24C. NAME OF CEMETERY OR CREMATORY

Chadbourne

24D. LOCATION (City, town, or county)

Chadbourne, North Carolina

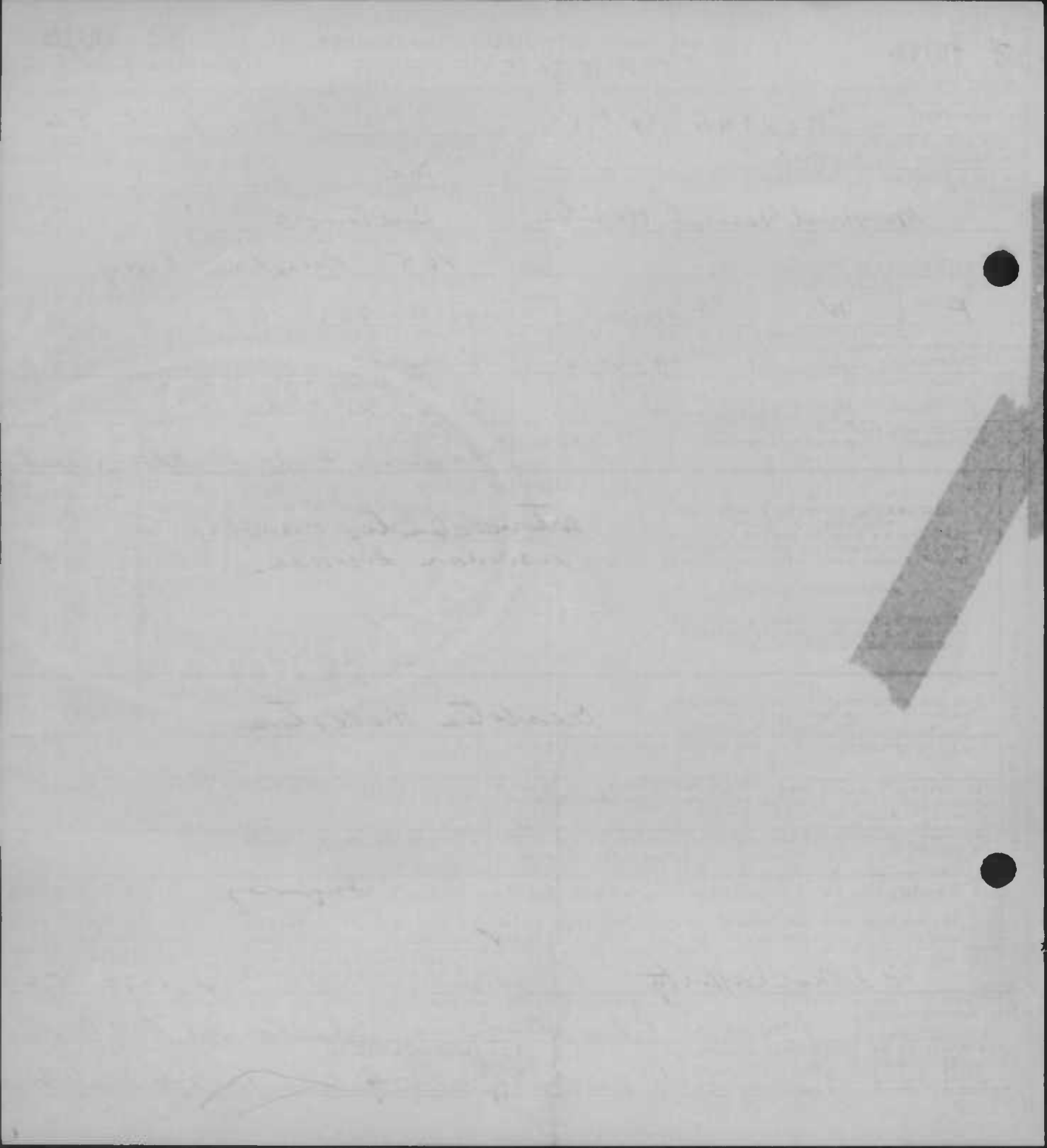
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. G. Cook, Inc., 1217 St. Paul St.



500
52 0919BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0919
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Earl Swain</i>			2. DATE OF DEATH <i>June 29, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Cpl 6</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2120 E. Baltimore St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-2-32</i>	9. AGE (In years last birthday) <i>19</i>	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stock Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Wieland's Furniture Co.</i>		11. BIRTHPLACE (State or foreign country) <i>M.C.</i>	
13. FATHER'S NAME <i>Helton Swain</i>			14. MOTHER'S MAIDEN NAME <i>Thina Sims</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-28-1354</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>204.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Acute Lymphoblastic leukemia</i> DUE TO (B) <i>Amethopteran Intoxication</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i> <i>10 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>No operation</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>No Accident</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-23-*, 19*52*, to *1-29-*, 19*52*, that I last saw the deceased alive on *1-29-*, 19*52*, and that death occurred at *11:15* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas E. Van Meter Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>1/29/52</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/1/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) <i>Eastern Ave Ext'd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 30 1952</i>	REGISTRAR'S SIGNATURE <i>Thurington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>48th Cook Ave. 1217 St Paul St.</i>	ADDRESS <i>3906 G</i>

VALLEY
CRESS

BRID
HOBAG
U. S. A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0920**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAULINE E. HENSON			2. DATE OF DEATH 1/29/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore 26 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 527 SHERIDAN AV.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10/16/01	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PA		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME EDWARD McDOWELL			14. MOTHER'S MAIDEN NAME THERESE BECKER ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John N. Henson, 527 Sheridan Ave.		

MEDICAL CERTIFICATION

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH PERIPHERAL Cerebral Emboli RHEUMATIC HEART DISEASE ?	INTERVAL BETWEEN ONSET AND DEATH 29 Hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **1/24** 19**52** to **1/29**, 19**52**, that I last saw the deceased alive on **1/29**, 19**52**, and that death occurred at **9:00** A. M., from the causes and on the date stated above.

23A. SIGNATURE Laymond L. Lemmon	23B. ADDRESS Mary Hospital	23C. DATE SIGNED 1/29/52
--	--------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/1/52	24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS St. Paul Ch. Bldg., 1217 St. Paul Street
--	---	---

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC HEALTH

Division of Field Epidemiology

Center for Disease Control and Prevention

Atlanta, Georgia 30333

Telephone: (404) 639-7000

Telex: 167761 CDC

Internet: www.cdc.gov

Fax: (404) 639-7000

TTY: (404) 639-7000

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160
52 0921
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0921
Registered No.

1. NAME OF DECEASED (Type or Print) Carrie Elizabeth Copper		2. DATE OF DEATH Jan. 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 W. Lexington St. B. FULL NAME OF HOSPITAL OR INSTITUTION Aged Women's and Aged Men's Homes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 1400 W. Lexington St.	
5. SEX White → Female		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
6. COLOR OR RACE		8. DATE OF BIRTH Feb. 22, 1868	
9. AGE (in years last birthday) 83		10. Under 1 Year Months: 11 Days: 6	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Norris Copper		14. MOTHER'S MAIDEN NAME Eleanor Carlile	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT L. H. Read		ADDRESS 1400 W. Lexington St.	

18. 331 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) CAUSE TO Anteclastic Arterio Sclerosis (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

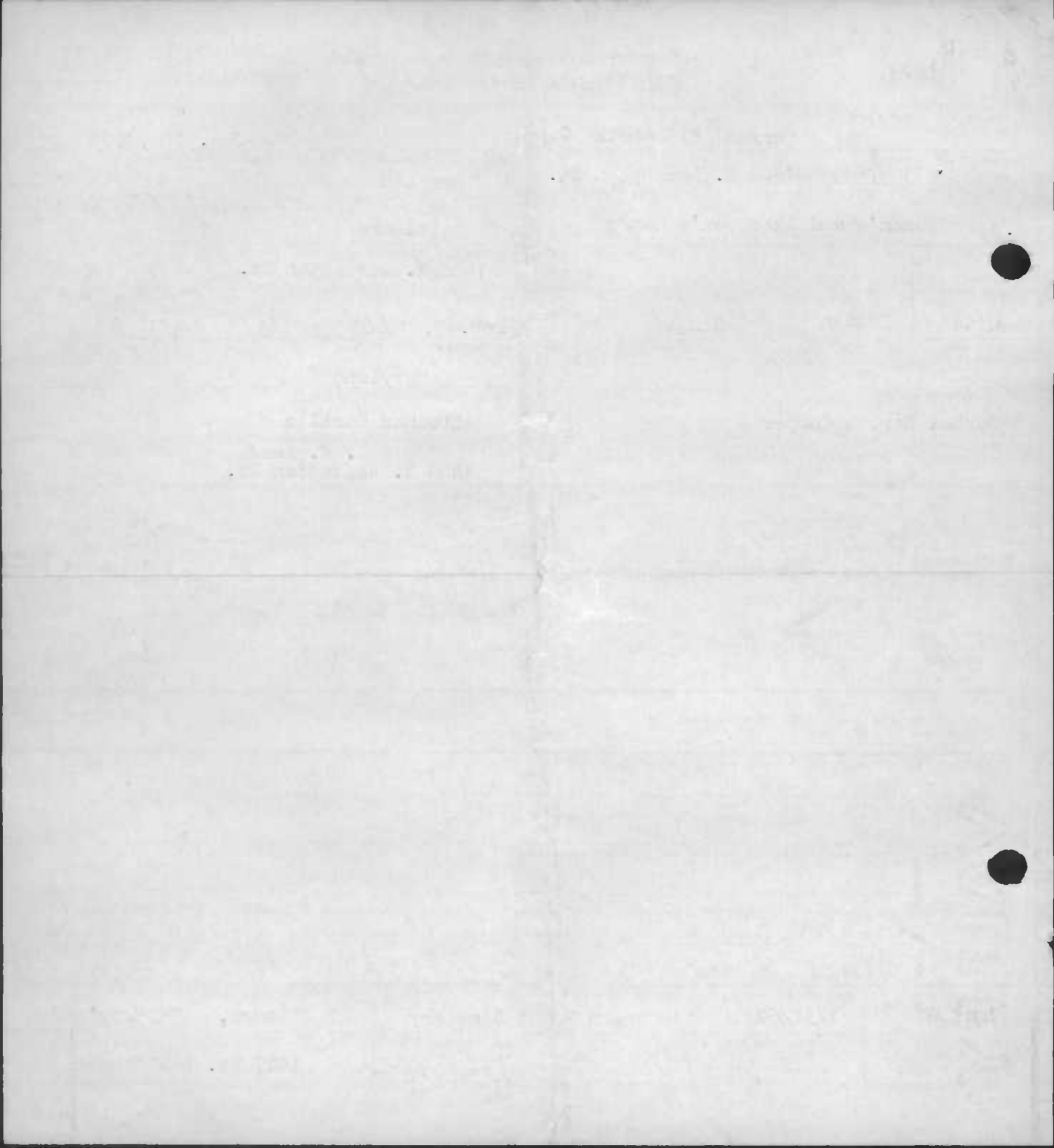
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1949 to Jan 28, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE Harland Edward Day		23B. ADDRESS M. D. 4-E-33rd St - 18		23C. DATE SIGNED Jan 29, 1952	
---	--	---	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/31/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
--	--	-----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	
--	--	---	--	---	--	--	--



560
52 0922BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0922

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL SONNER

2. DATE
OF
DEATH

JAN. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

19 Blith ST 5200

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE MARRIED,
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7/29/1909

9. AGE (In years last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Quentin C. Sonner

14. MOTHER'S MAIDEN NAME

Ethel Fairchild

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

263-12-2765

17. INFORMANT

Mrs. Johanna Hansen, Brooklyn N.Y.

ADDRESS
910 86th St.

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

neural
tumor

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ruptured congenital aneurism of cerebral artery
(C) essential hypertension

DUE TO

indefinite
indefiniteII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1952, to Jan 28, 1952, that I last saw the deceased alive on Jan 28, 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Wangle

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Jan 29, 1952

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

24B. DATE

1/31/52

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county) (State)

Brooklyn N.Y.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Cook, Inc. 1217 St. Paul St.

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0923**

400
52 0923
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CAROLYN V. NEAL			2. DATE OF DEATH January 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 964 Armistead Way		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 24, 1938		9. AGE (In years last birthday) 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) schoolgirl		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Emmett Neal			14. MOTHER'S MAIDEN NAME June D. Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Emmett Neal, 964 Armistead Way		

CAUSE OF DEATH

18. E 840 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Crushed chest; fracture of skull DUE TO Multiple lacerations and contusions ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

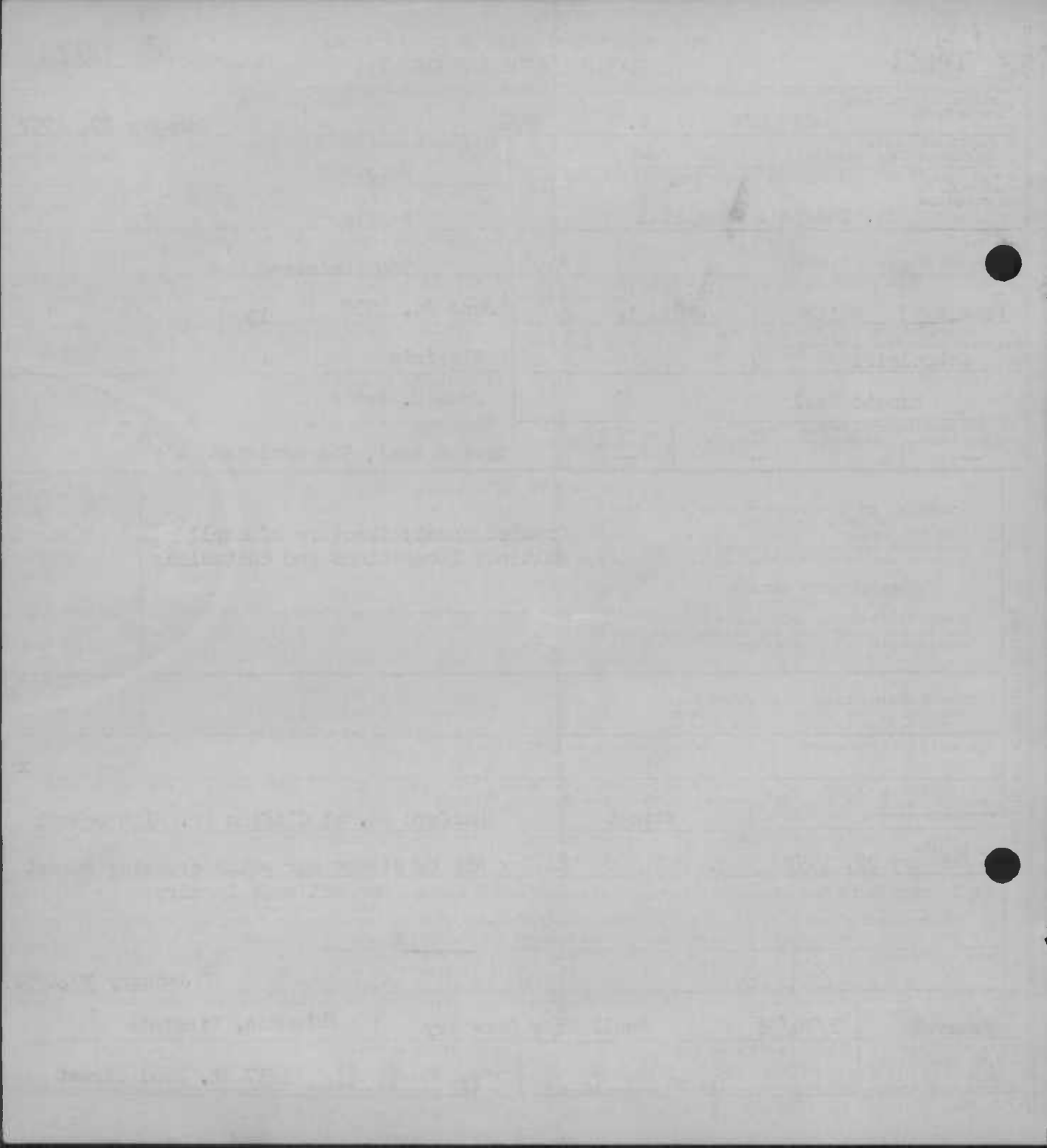
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Harford Rd. at Clifton Pk. High School		
21D. TIME (Month) (Day) (Year) (Hour) January 29, 1952 pm.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Hit by street car while crossing street		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Howard</i>	23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED January 30, 1952
---	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 1/30/52	24C. NAME OF CEMETERY OR CREMATORY Knoll Krag Cemetery	24D. LOCATION (City, town, or county) (State) Abingdon, Virginia
---	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street
--	--	---



250
52 0924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0924

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie Mason

2. DATE
OF
DEATH

Jan 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2204 Baker st.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balti.

15-03

D. STREET ADDRESS (If rural, give location)

2204 Baker st.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

F

Col

W

Aug 31, 1895

55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balti Md

12. CITIZEN OF WHAT COUNTRY?

yes

13. FATHER'S NAME

Frank Glan

14. MOTHER'S MAIDEN NAME

Eliza Barnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Mason

2204 Baker st.

CAUSE OF DEATH

18. 593X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremic Cerebral

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

nephritis.

DUE TO

(C)

Hypertension.

?

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1952 to 1-30, 1952, that I last saw the deceased alive on 1-27, 1952 and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George H. Adams

M. D. 2327 av. North.

1-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb. 3, 1952

Arbutus m. park

Arbutus Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

Huntington Williams, M.D.

Joseph C. Russ

1200 McCulloch St

VS 150

0923

131a

MEDICAL CERTIFICATION

VALLEY
CONCRETE
FOND
JUL 4

240
52 0925
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0925

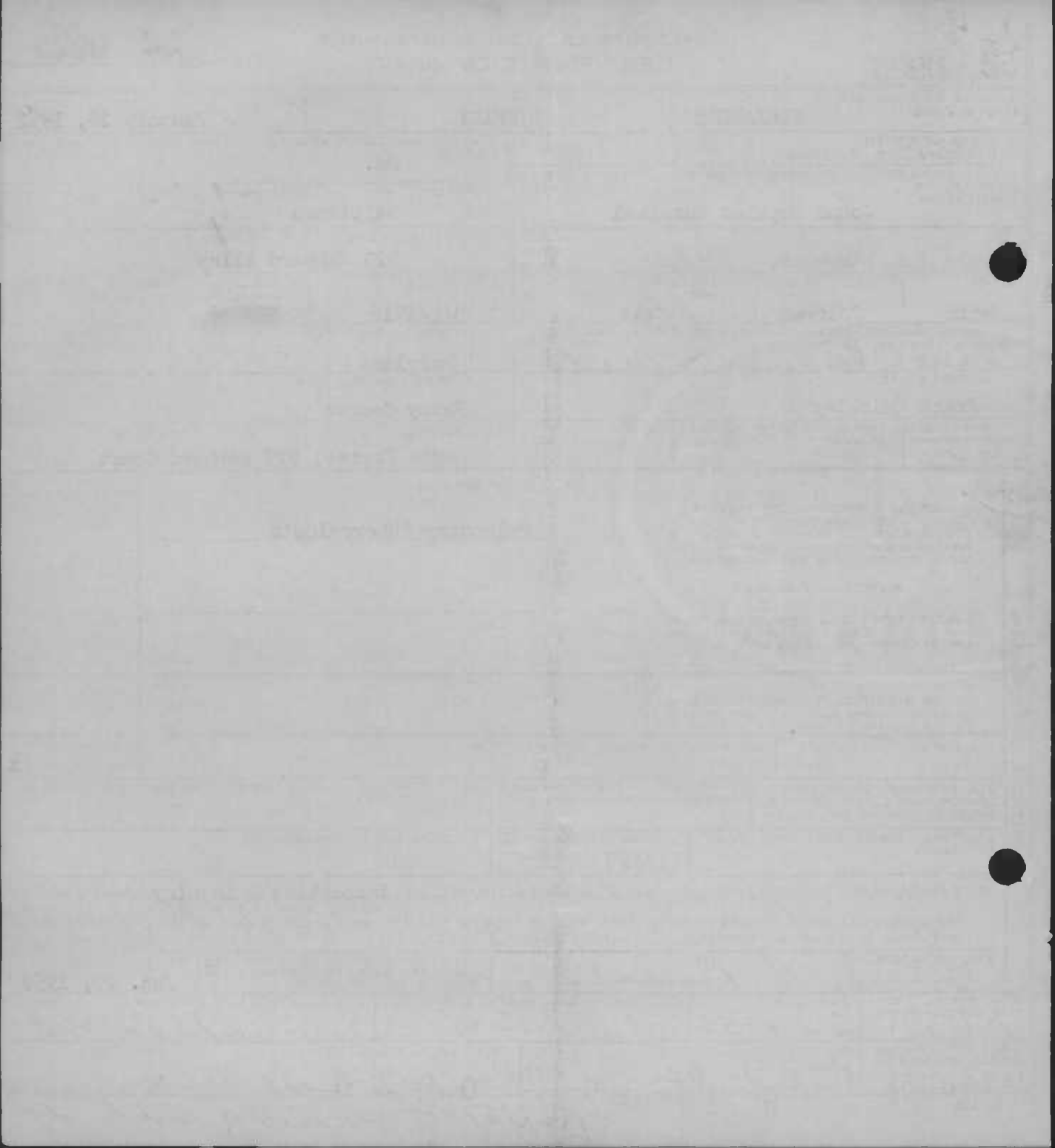
1. NAME OF DECEASED (Type or Print)		ALEXANDER QUICKLEY		2. DATE OF DEATH January 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 923 Hubbard Alley			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/4/1916	9. AGE (In years last birthday) 35	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Continental Can Co		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Frank Quickley		14. MOTHER'S MAIDEN NAME Fanny Cooper			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Sadie Carter, 925 Hubbard Court	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley A. Dineen		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 29, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-2-1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) Anne Arundel Co. Md		24E. DATE RECEIVED BY LOCAL REGISTRAR IAN 30 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Rudolph A. Ballick		24H. ADDRESS 9763 D/412 E. Preston Street		24I. VS 151	



300
52 0926
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0926

1. NAME OF DECEASED (Type or Print)		MARY REED		2. DATE OF DEATH January 28, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) 907 S. Sharp Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH unknown	9. AGE (in years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Womestic		11. BIRTHPLACE (State or foreign country) Calvert Co. Md.	
13. FATHER'S NAME Lemuel Wallace		14. MOTHER'S MAIDEN NAME Annie May Boots		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Carmie Parker - 135 W. Hamling St.	

18. 4/22, 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Arteriosclerotic cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH
---	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Wood	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Jan. 28, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 31-52	24C. NAME OF CEMETERY OR CREMATORY Calvert Co. Md.	24D. LOCATION (City, town, or county) (State) Md.
---	--------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Pinkney E. Sewell - Prince Frederick Co. Md.	ADDRESS
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VS 151

72004 25

93D a



CERTIFICATE CORRECTED 5/1/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 0927

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HILLARY FARRELL

2. DATE OF DEATH Jan. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US Public Health Service Hospital
Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Virginia

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Norfolk

D. STREET ADDRESS (If rural, give location)

824 E. Main Street

E. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/25/90

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Messman

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Francis Farrell

14. MOTHER'S MAIDEN NAME

Sarah Hanney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

244-16-6113

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 502.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Edema,

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Bronchopneumonia, acute bilateral, severe

DUE TO

unknown

(C)

Bronchitis, chronic

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis, portal, liver

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 12, 1951, to Jan. 29, 1952, that I last saw the deceased alive on Jan. 29, 1952, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Roger L Black

23B. ADDRESS

M. D. US PHS Hospital, Balto, Md.

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-2-52

St Patrick #3

Pottsville, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

Winnington Williams, Jr. 10920 10th Street, Baltimore, Md.

MEDICAL CERTIFICATION

See Document File 52-0027

5/1/52 ES

200
0928BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0928

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMIL VAAGE

2. DATE
OF
DEATH

Jan. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
US Public Health Service Hospital
Wyman Pk. Drive & 31st St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Illinois B. COUNTY V-11C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ChicagoD. STREET ADDRESS (If rural, give location)
9901 S. Van Vlissingen Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

11/1/14

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Cook10B. KIND OF BUSINESS OR
INDUSTRY
Seafarer

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Regelaus Vaage

14. MOTHER'S MAIDEN NAME

Britha Bjornboli

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
?16. SOCIAL
SECURITY NO.
319-26-292917. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malignant melanoma

DUE TO

9 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia, acute

DUE TO

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1951, to Jan. 24, 1952, that I last saw the
deceased alive on Jan. 24, 1952, and that death occurred at 1:45A m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

1/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE OF BURIAL, CREMATION, REMOVAL

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

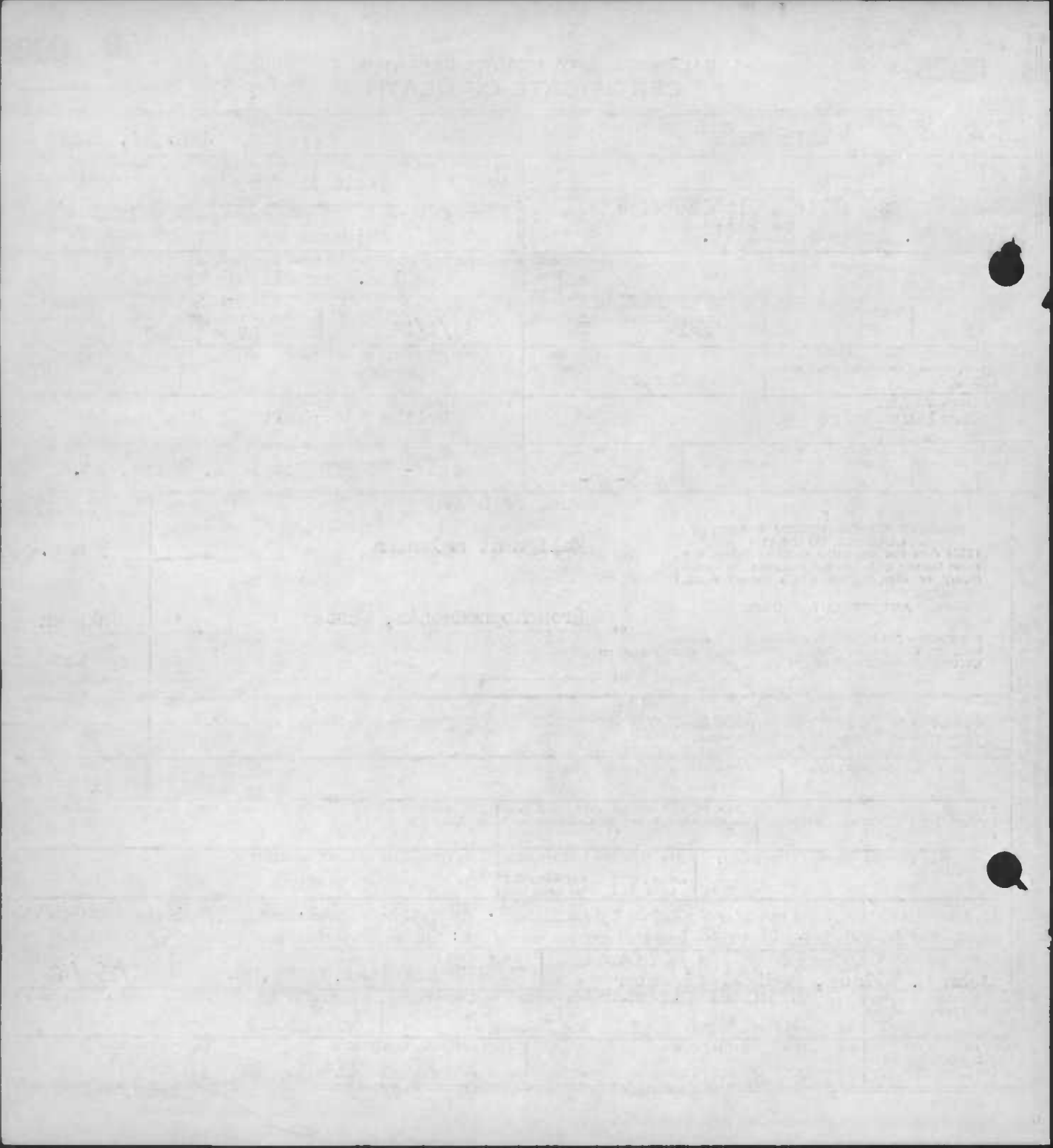
25. FUNERAL DIRECTOR

ADDRESS

VS 150

75455

52



350
0929BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 0929

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MYRTLE ANNA BATHON

2. DATE
OF
DEATH

1/28/52 (Mon.)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

W/ht

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 18, 1916

9. AGE (in years, last birthday)

35

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife (at home)

11. BIRTHPLACE (State or foreign country)

Md., Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward C. Rooley

14. MOTHER'S MAIDEN NAME

Anna M. Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

25-03-5765

17. INFORMANT

Frederick B. Bathon (Husband)

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of Cervix

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/7/51

19B. MAJOR FINDINGS OF OPERATION

Extensive pelvic malignancy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1952, to 1/28, 1952, that I last saw the deceased alive on 1/28, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H. H.

M. D.

23B. ADDRESS

Md. H. H. H.

23C. DATE SIGNED

1/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Poly Cross Cn.

24D. LOCATION (City, town, or county) (State)

Brooklyn, G. G. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. H. H.

ADDRESS

1400 S. Charles St. Balto. 30, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0930

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

BEACRAFT

2. DATE
OF
DEATH

January 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Pr. Geo.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Route 1 Laurel, Md.

D. STREET ADDRESS (If rural, give location)

Route 1 Laurel, Md.

Length of stay in Baltimore

5 1/2

Yrs.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plasterer & Painter

10B. KIND OF BUSINESS OR INDUSTRY

General Repair

13. FATHER'S NAME

Charles Alford Becraft

8. DATE OF BIRTH

Oct. 7, 1902

9. AGE (In years last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Howard County, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

1/11/24 to

16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Stella Becraft, Route 1, Laurel, Md.

18. E983x 2/9/27

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture; Extradural hemorrhage;
DUE TO Contusion of brain.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

gas station

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Washington Blvd. at Laurel, Md., Rt. #1

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 29, 1952 5:20a.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

armed robbers.

Hit on head with blunt instrument by/

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial Feb. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arlington Nat'l. Cem. Arlington, Va.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 30 1952

25. FUNERAL DIRECTOR

ADDRESS

W.W. Chambers Company, Riverdale, Md.

VS 151

N-803 2

56424

168

530 Lang
2117 Belair Rod
52 0931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0931
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Schmitt

2. DATE
OF
DEATH Jan. 27. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2920 Berwick Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2920 Berwick Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 18, 1901

9. AGE (In years last birthday)

50

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Photographer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sophia Schmitt, 2920 Berwick

18. 154X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rectal carcinoma

DUE TO

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Rectal Carcinoma

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13-1951 to 1-27-1952, that I last saw the deceased alive on 1-27-1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Milton C. Lang

M. D.

23B. ADDRESS

2117 Belair Rd

23C. DATE SIGNED

1-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-31-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

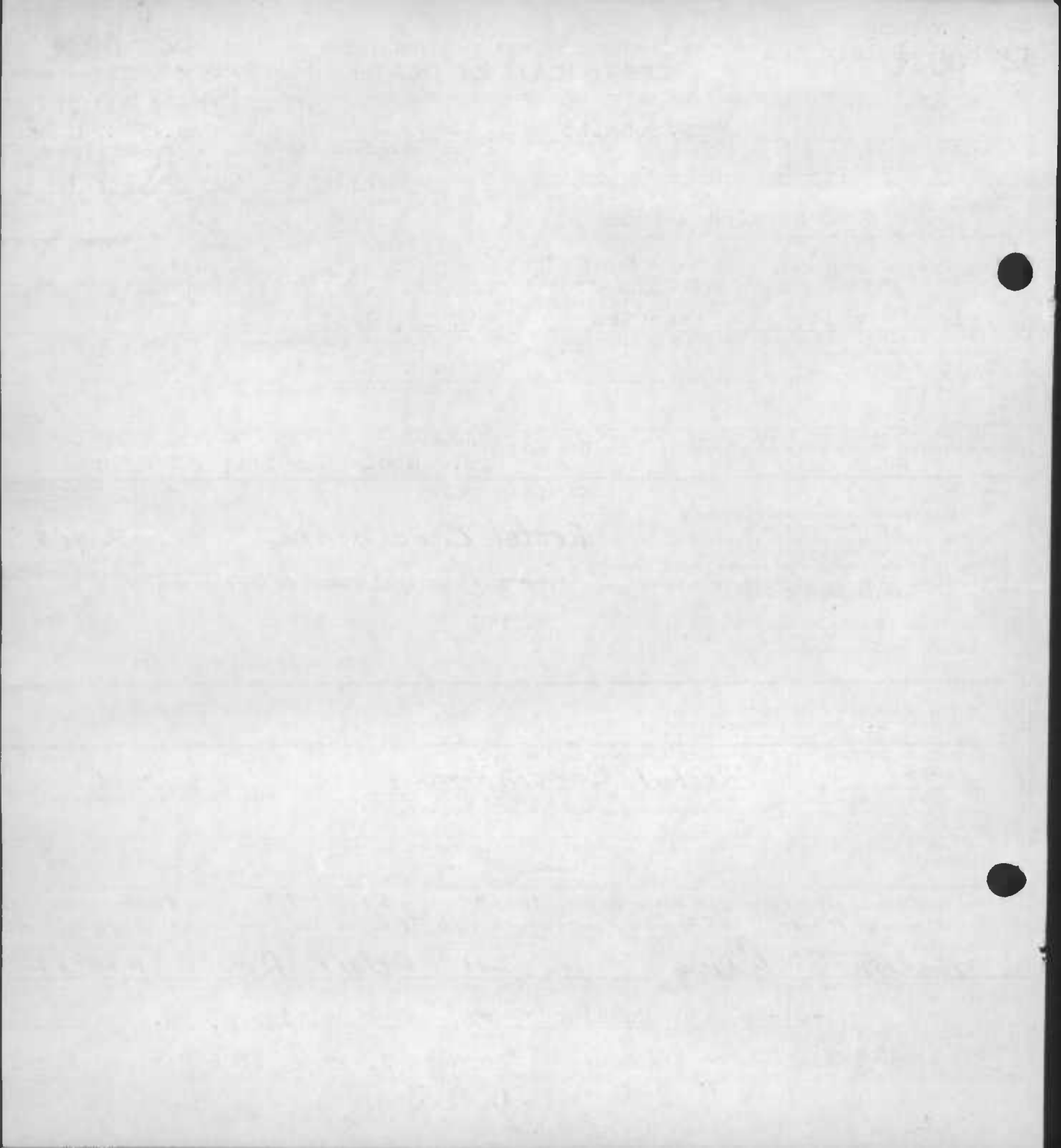
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0932

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND BOWERS SR

2. DATE
OF
DEATH

January 28, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1805 Taylor Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-18-1895

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Arundel Corp.

13. FATHER'S NAME

Andrew Bowers

11. BIRTHPLACE (State or foreign country)

Woodbine Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Loruse

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT: GLADYS BOWERS ADDRESS
Mrs. Gladys Bowers 1805 Taylor Ave.

18. E912.3

CAUSE OF DEATH

3502 Spaulding Ave.
Baltimore 15, Md.

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of Chest

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DOE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Factory

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Arundel Corporation-Fairfield Plant

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January 28, 1952

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Crane fell on him while working

2576

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunsicker M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1-31-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. J. Dicks

ADDRESS

5300 Bayford

VS 151

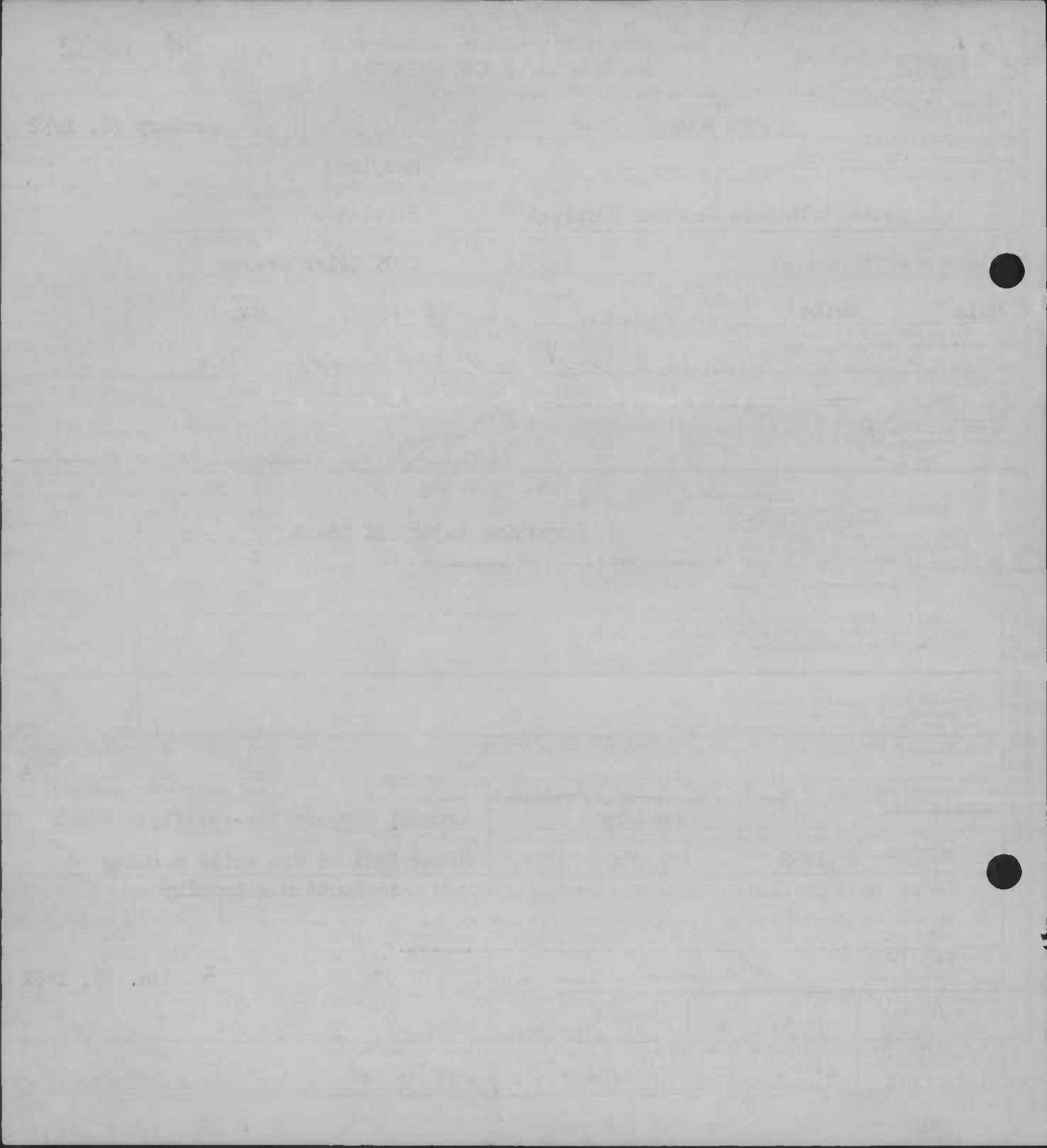
N-862.2

513 24

176

MEDICAL CERTIFICATION

correctly and in full. If necessary, please write the cause of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0933**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES GREEN		2. DATE OF DEATH January 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 687 Vine Street		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
6. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1930
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 22
11. BIRTHPLACE (State or foreign country) Norfolk Co. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Robert M. Green - Available
18. 4221		ADDRESS	

18. 4221		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic cardiovascular disease		
ANTECEDENT CAUSES		(B) Cardiac decompensation		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. <input checked="" type="checkbox"/>	23C. DATE SIGNED Jan. 28, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Feb 2 1952	24C. NAME OF CEMETERY OR CREMATORY Forest Hill
24D. LOCATION (City, town, or county)	Northampton Va	
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR W. J. Scott
ADDRESS		Amelia Va

VS 151 97099 93D ✓

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 0934**

BIRTH NO. **200 0934**

1. NAME OF DECEASED (Type or Print) DAISY Cook		2. DATE OF DEATH JAN 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Hal 4 - R, R		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write TOWN and give township) BALTIMORE 17-03	
5. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 721 W. LAFAYETTE AVE.	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-28-95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House - Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
13. FATHER'S NAME Unknown		11. BIRTH PLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Jane Owens	
17. INFORMANT		ADDRESS JOHNS HOPKINS HOSPITAL	

18. 153 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. irrit. hepatic metastases		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1-24-51		19B. MAJOR FINDINGS OF OPERATION Biliary obstruction due to metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-19-52** to **1-26-52**, that I last saw the deceased alive on **1-26-52**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Daniel R. Siefert	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED
---	--	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/31/52	24C. NAME OF CEMETERY OR CREMATORY Trinity Cemetery	24D. LOCATION (City, town, or county) (State) A. A. Co. Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rayner Sanders ADDRESS 7208 217 E. Preston ST 46E	

2004

WATER SUPPLY DIVISION

1000

TO THE DIRECTOR
OF THE ARMY
ENGINEERING CENTER
FORT BELVOIR
COLORADO
FROM THE
CHIEF OF THE
VALLEY
COUNCIL
BONNIE
WOODWARD
U.S.A.

VALLEY
COUNCIL
BONNIE

WOODWARD
U.S.A.

FOR THE
VALLEY
COUNCIL
BONNIE
WOODWARD
U.S.A.

452
52 0935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0935
Registered No.

BIRTH NO. 52-01266

1. NAME OF DECEASED (Type or Print) BARBARA WILLIAMS			2. DATE OF DEATH JAN. 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) BON SECOURS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HAMPSTEAD		
Length of stay in Baltimore 15 DAYS			D. STREET ADDRESS (If rural, give location) 5600		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 15, 1952		9. AGE (In years last birthday) 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND - BALTO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CLAUDE WILLIAMS			14. MOTHER'S MAIDEN NAME MARGARET BINDGER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Clark L Williams		
			ADDRESS Hampstead Ind		

18. 560.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OMPHALOCLE (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **JAN. 15**, 19**52**, to **JAN. 30**, 19**52**, that I last saw the deceased alive on **JAN. 30**, 19**52**, and that death occurred at **2 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Juan Mendez		23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 1-30-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-31-52	24C. NAME OF CEMETERY OR CREMATORY Good Shepherd	24D. LOCATION (City, town, or county) (State) Clarks City Ind	
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR F.C. Higdon	
			ADDRESS Clarks City Ind	

162
52 0936BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0936
Registered No. 3678

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GLENS RIVERS		2. DATE OF DEATH 1-29-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE Md		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 789 GEORGE ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17-03	
C. Length of stay in Baltimore 25 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 789 GEORGE ST.	
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-6-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY IN HOME	9. AGE (In years last birthday) 48
11. BIRTHPLACE (State or foreign country) ORANGEBURG S. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOBE WILLIAMS S. C.		14. MOTHER'S MAIDEN NAME CHARLOTTE ? S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHN RIVERS 789 GEORGE ST.		ADDRESS	

18. 331X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral hemorrhage DUE TO	Sameday
ANTECEDENT CAUSES	(B) Hypertension + atherosclerosis DUE TO	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-7**, 1952 to **1-29**, 1952 that I last saw the deceased alive on **1-28**, 1952 and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Harold A. Saunders** M. D. 23B. ADDRESS **1029 N. Stricker St.** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2-4-52	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN Cem	24D. LOCATION (City, town, or county) (State) BALTIMORE Md
DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR WILLIAM A. JACKSON	ADDRESS 916 PENNA. AVE.

WALTER
COLLIER
CO. INC.

50052 0937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0937
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD ISAAC CONWAY

2. DATE
OF
DEATH

Jan. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

N.C.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Wilmington

D. STREET ADDRESS (If rural, give location)
1820 Market Street

Length of stay in Baltimore

7 6 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/3/93

9. AGE (In years
last birthday)

58

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Isaac Conway

14. MOTHER'S MAIDEN NAME

Elizabeth Willey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

None

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 420-1-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Coronary artery sclerosis with
occlusion.

Unknown

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1952 to Jan. 28, 1952, that I last saw the
deceased alive on Jan. 28, 1952, and that death occurred at 7:25 P. m., from the causes and on the date stated above.23A. SIGNATURE John L. Wilson
John L. Wilson, Medical Director

M. O.

23B. ADDRESS
US PHS Hospital, Balto, Md.23C. DATE SIGNED
1/29/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE OF BURIAL OR CREMATION

1-31-1952

Woodlawn

24C. LOCATION (City, town, or county) (State)

Woodlawn,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1952

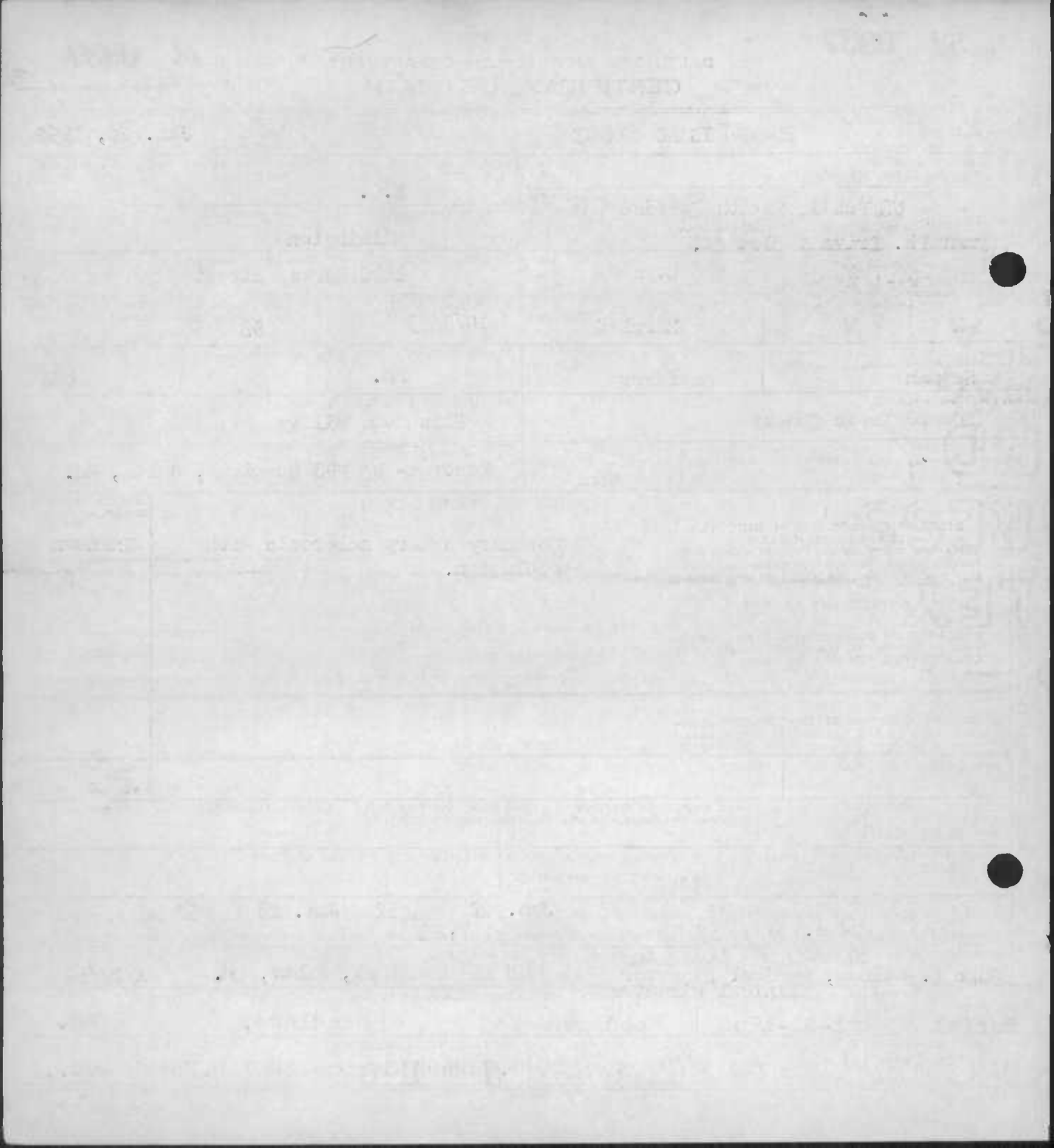
Huntington Williams, M.D. G. Howard Strong 3207 W. North Ave.,

VS 150

673 55

94a

MEDICAL CERTIFICATION



300
52 0938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0938
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE CHIET

2. DATE
OF
DEATH

1-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-05

D. STREET ADDRESS (If rural, give location)

2209 E. Lombard St

Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rubra Caplan

14. MOTHER'S MAIDEN NAME

Liaka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Chiet - Same

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of lung

DUE TO

ANTECEDENT CAUSES

(B)

Carcinoma of stomach

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 12/24 1951, to 1/30 1952, that I last saw the
deceased alive on 1/30 1952 and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. B. Hornstein

M. D.

204 E. Biddle St

1/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Williams

25. FUNERAL DIRECTOR

2100 Eastern Pl

Hornstene

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0939**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN SCHNITZER

2. DATE OF DEATH

1-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2547 Calverton Hgts Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2547 Calverton Hgts Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

45

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoemaker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Genne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO

17. INFORMANT

ADDRESS

Gertrude Schnitzer - same

18. **4201**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Infarct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Coronary arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1/1/1952** to **1/29**, 19**52** that I last saw the deceased alive on **1/29**, 19**52** and that death occurred at **1:30** m., from the causes and on the date stated above.

23A. SIGNATURE

Maurice Chidecrist

23B. ADDRESS

2225 Linden St

23C. DATE SIGNED

1/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-31-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 31 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Ray Lewis

ADDRESS

2100 Eutaw Pl

Government of India
Ministry of Education

11/11/11
11/11/11
11/11/11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0940
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rose Brownstein			2. DATE OF DEATH Jan. 30 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 327 S/ Pulaski St., (23)			E. LENGTH OF STAY IN BALTIMORE 40		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-12-1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Russia		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Nathan Dec'd		
14. MOTHER'S MAIDEN NAME Esther Dec'd			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Jacob Brownstein - Jane		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure DUE TO Acute Coronary Occlusion Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

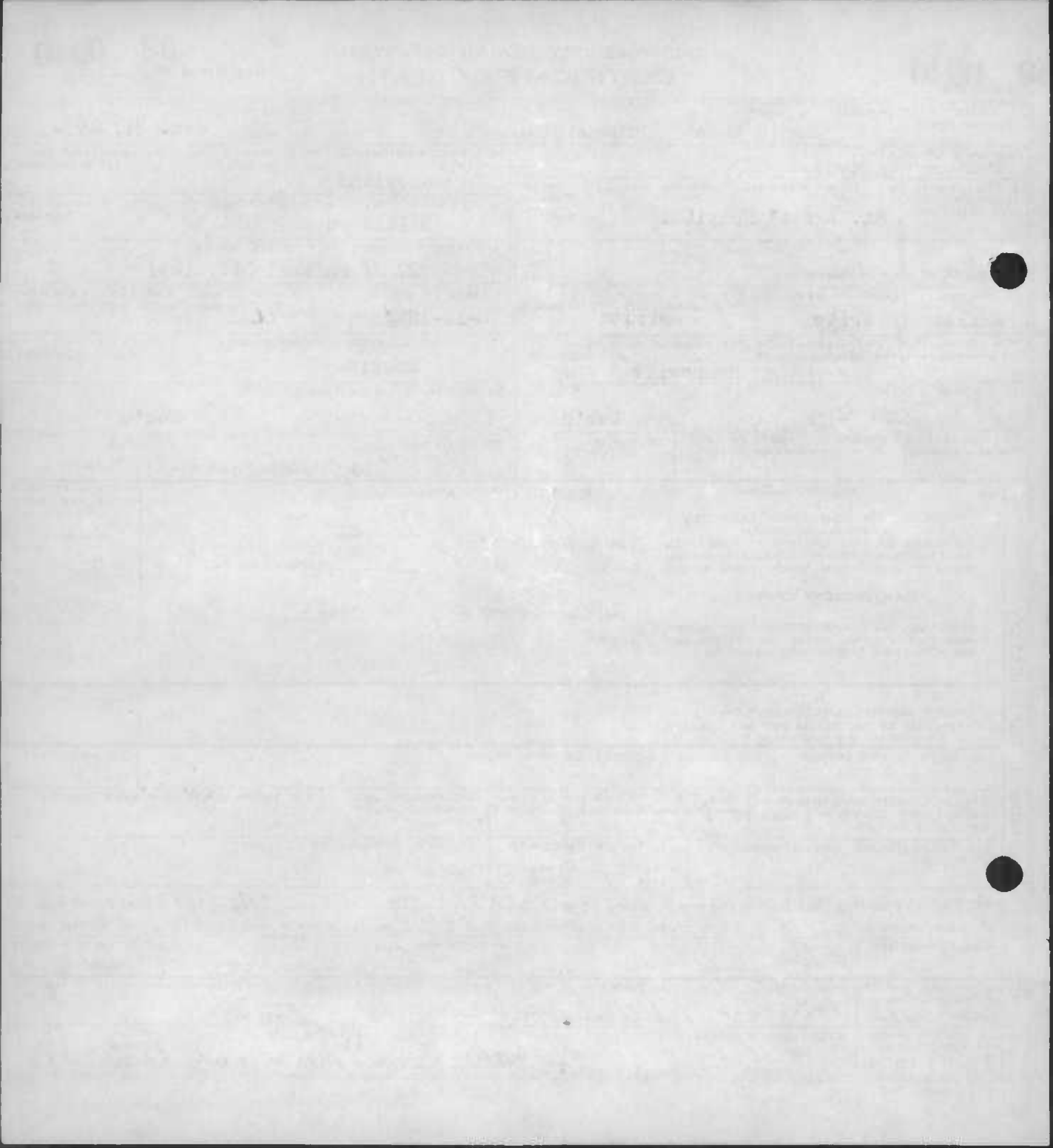
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1/28** 19**52** to **1/30** 19**52** that I last saw the deceased alive on **1/30** 19**52** and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]		23B. ADDRESS St Agnes Hosp		23C. DATE SIGNED 1/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1-31-52		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Back Lewis		ADDRESS 2100 Euterpe Pl	
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952		REGISTRAR'S SIGNATURE Huntington Williams			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0941**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Helene Kirk

2. DATE OF DEATH **January 28, 1952**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
5515 Fernpark Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5515 Fernpark Ave.

Length of stay in Baltimore **Life**
Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 22, 1875

9. AGE (In years last birthday)

76 yrs

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Dahl

14. MOTHER'S MAIDEN NAME

? Ginter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Jean Crowe, 1015 Bentall St.

18. **4221**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) OUE TO

- Arterio-Sclerotic Cardio-Vascular Disease -

- 10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

- Virus Pneumonia

3 weeks.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

- Chronic nephritis

- 2 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 9, 1946**, to **Jan. 28, 1952**, that I last saw the deceased alive on **Jan. 28, 1952** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Carl L. Chambers

23B. ADDRESS

M. D. 4108 Liberty Heights Ave.

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 31, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 31 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walter A. Agnew

ADDRESS

4510 Liberty Heights Ave.

1930

1930

U. S. A.

100-7640

100-7640

CONGRESS

VALLEY

100-7640

52 0942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0942

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Andrew Nelson

2. DATE
OF
DEATH

Jan. 4th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

21 N. Clinton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

21 N. Clinton St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-27-1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Simon Nelson

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Mauler 21 N. Clinton St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Chronic Arteriosclerotic Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Coronary Failure

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1952, to 1/4, 1952, that I last saw the
deceased alive on 1/3, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

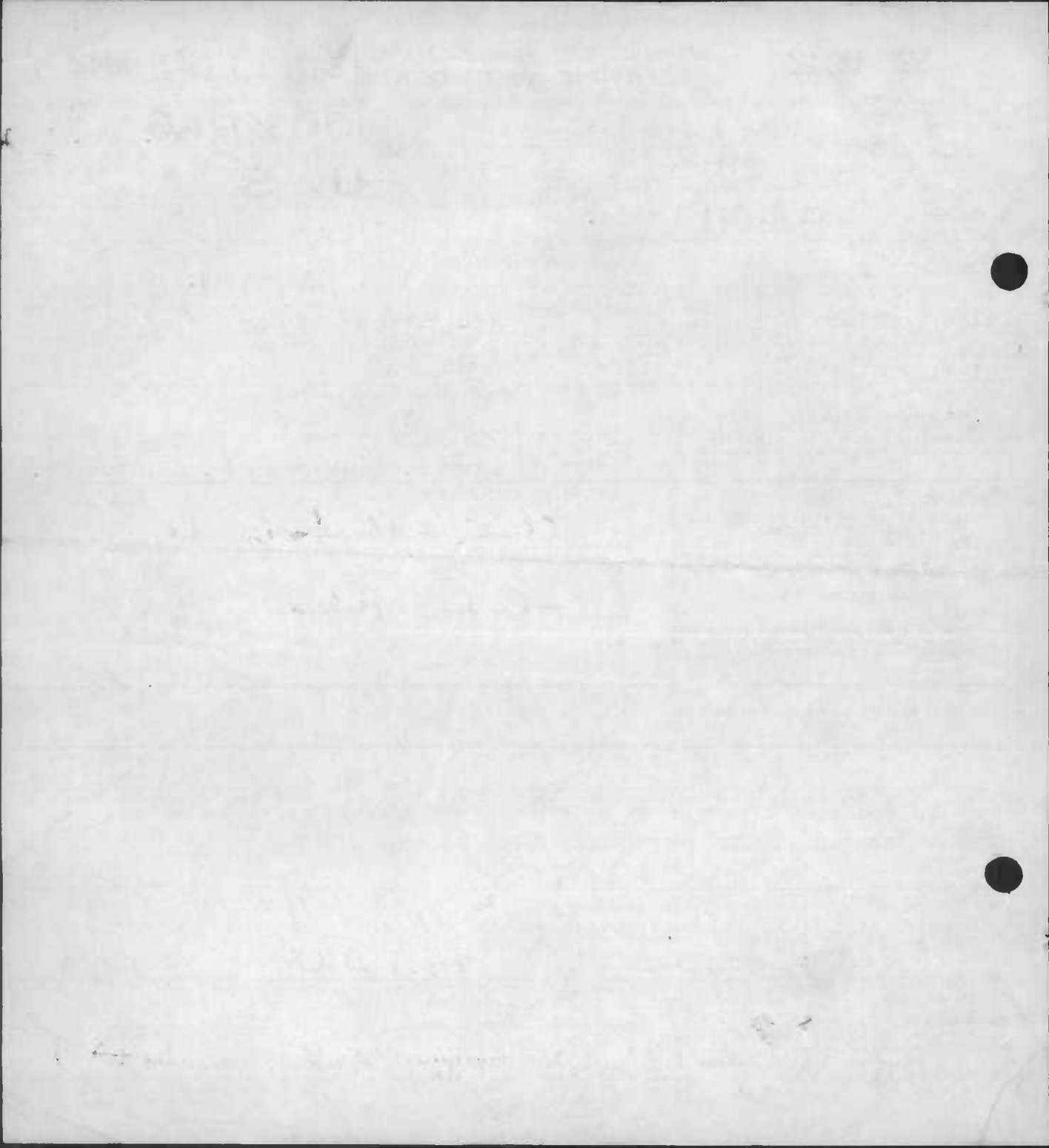
Huntington Williams, M.D. (S. Williams)

VS 150

342 99

112

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0943**

BIRTH NO. **325**

1. NAME OF DECEASED (Type or Print) MACEO NATHANIEL WATSON		2. DATE OF DEATH January 29, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
d. STREET ADDRESS (If rural, give location) 723 N. Arlington Ave.		e. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/19/1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Seaman		10b. KIND OF BUSINESS OR INDUSTRY Merchant Marine	
13. FATHER'S NAME David T. Watson		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Beatrice Russell	
17. INFORMANT Watson		18. ADDRESS Mother, Beatrice Russell Above	

18. **E874.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Amidone Poisoning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 723 N. Arlington Ave.	
21d. TIME (Month) (Day) (Year) (Hour) Found 6:55a.m. Jan. 29/52 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? (narcotic drug) Self-administered overdose of Amidone	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>Stanley B. Dunsen</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED Jan. 29, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2-52		24c. NAME OF CEMETERY OR CREMATORY Arbutus	
24d. DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952		24e. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24f. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr.</i>		ADDRESS 179 N. 673 55 1011 N. Arlington Ave.			

V S 151

N-974.0

673 55 1011 N. Arlington Ave.

Correct age is important. If persons please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

723 N. Colington Ave

325
52 0944BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0944
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Hitchens

2. DATE
OF
DEATH

1/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bar Wil ba Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6014 Prescott Ave.

Length of stay in Baltimore

70

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW.

8. DATE OF BIRTH

June 10, 1869

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Silas Reed

14. MOTHER'S MAIDEN NAME

Mary Ellen Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Cora Cunningham - 1628 N. Broadway

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) OUE TO

Cardio-Vascular Renal 2 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) OUE TO

disease - Arteriosclerosis
Senility.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1952 to 1/29, 1952, that I last saw the
deceased alive on 1/27, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Jackson

M. O.

23B. ADDRESS

600 N. Calington

23C. DATE SIGNED

1/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JAN 31 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. I. Chatman, Jr.

ADDRESS

1701 N. Calib St.

Balto. Md.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D. C.

450
52 0945
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0945
Registered No. 3698

1. NAME OF DECEASED (Type or Print) <i>Joseph Mullen</i>		2. DATE OF DEATH <i>Jan. 29-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>1128 N. Calhoun St</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1128 N. Calhoun St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>	
c. Length of stay in Baltimore <i>51</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>16</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1879 73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stevadore</i>		11. BIRTHPLACE (State or foreign country) <i>Natwell A. A. Co. Md</i>	
13. FATHER'S NAME <i>Thomas Mullen</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Berhuce Mullen 509 Fremont Ave</i> ADDRESS	
18. <i>1488</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Carcinoma of throat</i> DUE TO	
ANTECEDENT CAUSES (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-1-</i> , 1951, to <i>1-29-</i> , 1952, that I last saw the deceased alive on <i>1-28-</i> , 1952, and that death occurred at <i>8 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Frank A. Saunders</i>		23B. ADDRESS <i>1029 N. Sticker St</i>	
23C. DATE SIGNED <i>1-30-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 2/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Church Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
VS 150		25. FUNERAL DIRECTOR <i>W. A. Brooks Ruggold</i> ADDRESS <i>1463 N. Carey St</i>	

MEDICAL CERTIFICATION

940 55

45F

THE
NATIONAL
ARCHIVES
COLLECTION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0946**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Jane Bell

2. DATE OF DEATH

Jan 28 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2326 Stockton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2326 Stockton St. Balto Md 15-01

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2326 Stockton St

C. Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1893

9. AGE (In years last birthday)

59

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Louis

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Taylor 2326 Stockton St

18. *Heart*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocarditis, Chronic, Chronic Endocarditis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Nephritis, Anemia*

DUE TO

(C) *Neurosthenia*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan 1 - 1952* to *Jan 28 - 1952* that I last saw the deceased alive on *1-27-1952* and that death occurred at *2 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 1 - 1952

St. Peters Cemetery

Balto

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Williams, M.D.

Brooks Ruggold 1463 N. Carroll

MEDICAL CERTIFICATION

correct age is especially important. In my opinion, please write the cause of death clearly and legibly.

255
52 0947BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0947
Registered No.

BIRTH NO. 51-26655

1. NAME OF DECEASED
(Type or Print)

ALBIN

HICKMAN

2. DATE
OF
DEATH

January 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

817 Aisquith Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

391.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bilateral otitis media

~~ENOTOX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Malnutrition

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1/29/52

24C. NAME OF CEMETERY OR CREMATORY

City Green

24D. LOCATION (City, town, or county) (State)

700 Fleet St.

DATE RECEIVED BY
LOCAL REGISTRAR

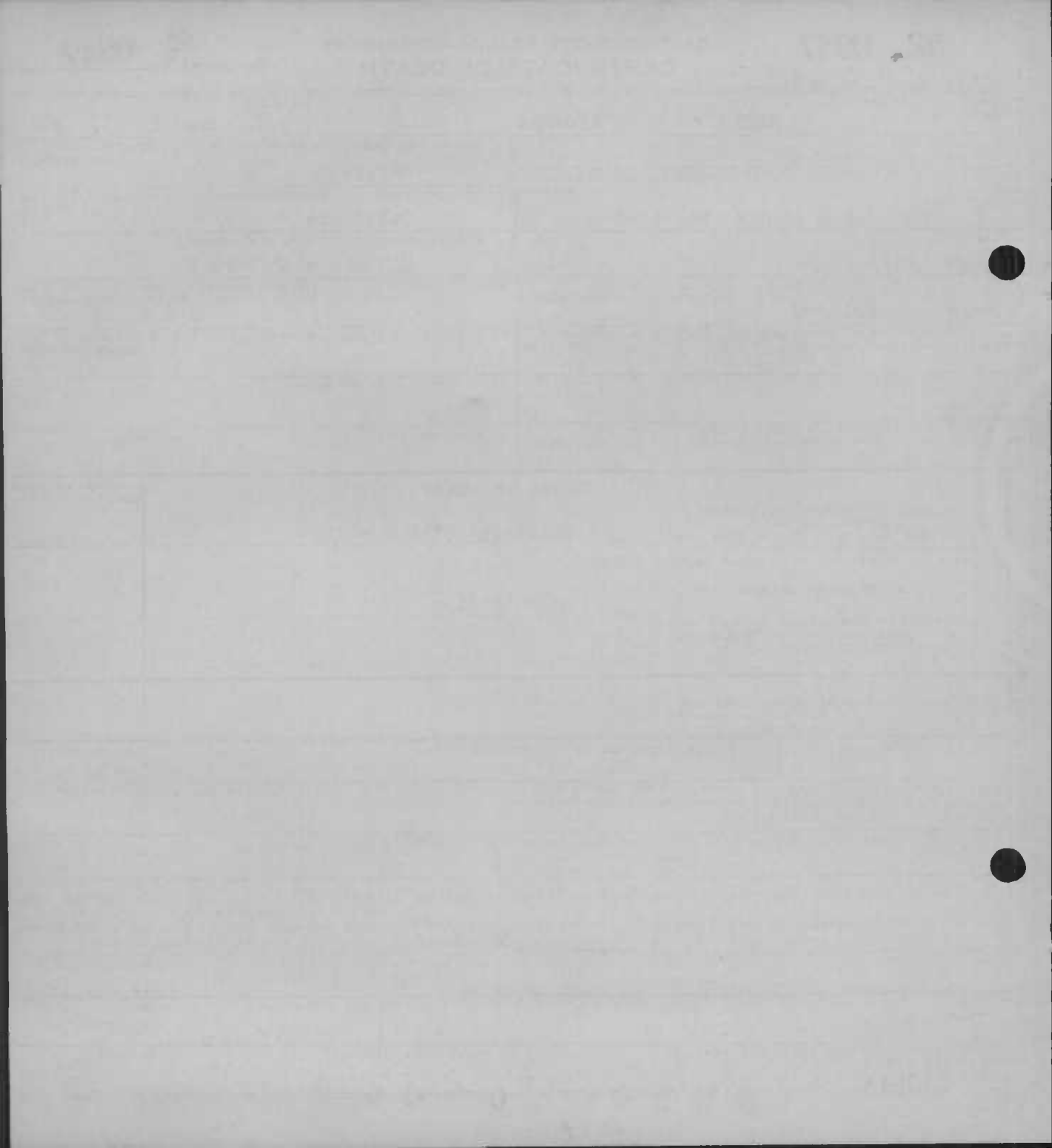
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

Huntington, William M.D.
B. S. Fisher M.D.
created at 9:00 AM 1-29-52 at 11:00 AM 89a L



52 0948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0948
Registered No.

BIRTH NO. 52-02941

1. NAME OF DECEASED (Type or Print) BABY SEYMOUR			2. DATE OF DEATH January 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05		
D. STREET ADDRESS (If rural, give location) 9. S. Chester Street			5. DATE OF BIRTH January 3, 1952		
6. SEX Male			7. AGE (In years last birthday) 1		
8. COLOR OR RACE White			9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Josephine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. **76.0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Subarachnoid hemorrhage due to Birth Injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

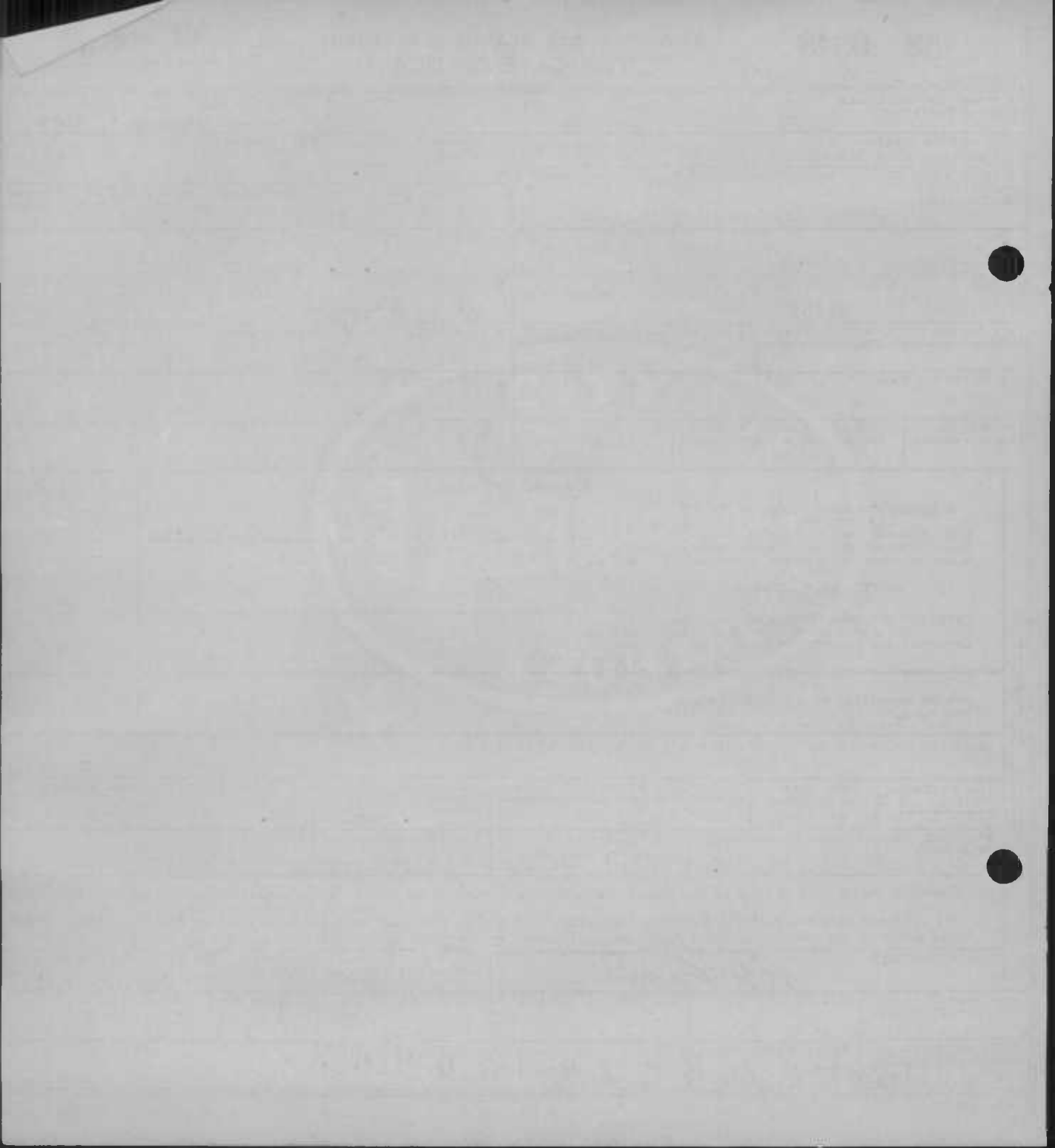
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 9 S. Chester St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 3, 1952 10 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? birth trauma	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/>		23C. DATE SIGNED January 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1/10/52		24C. NAME OF CEMETERY OR CREMATORY City of Baltimore	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR R. S. Fisher		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		ADDRESS	

Cremated at Morgan 1-10-52 - at 10⁰⁰ a.m.
160a

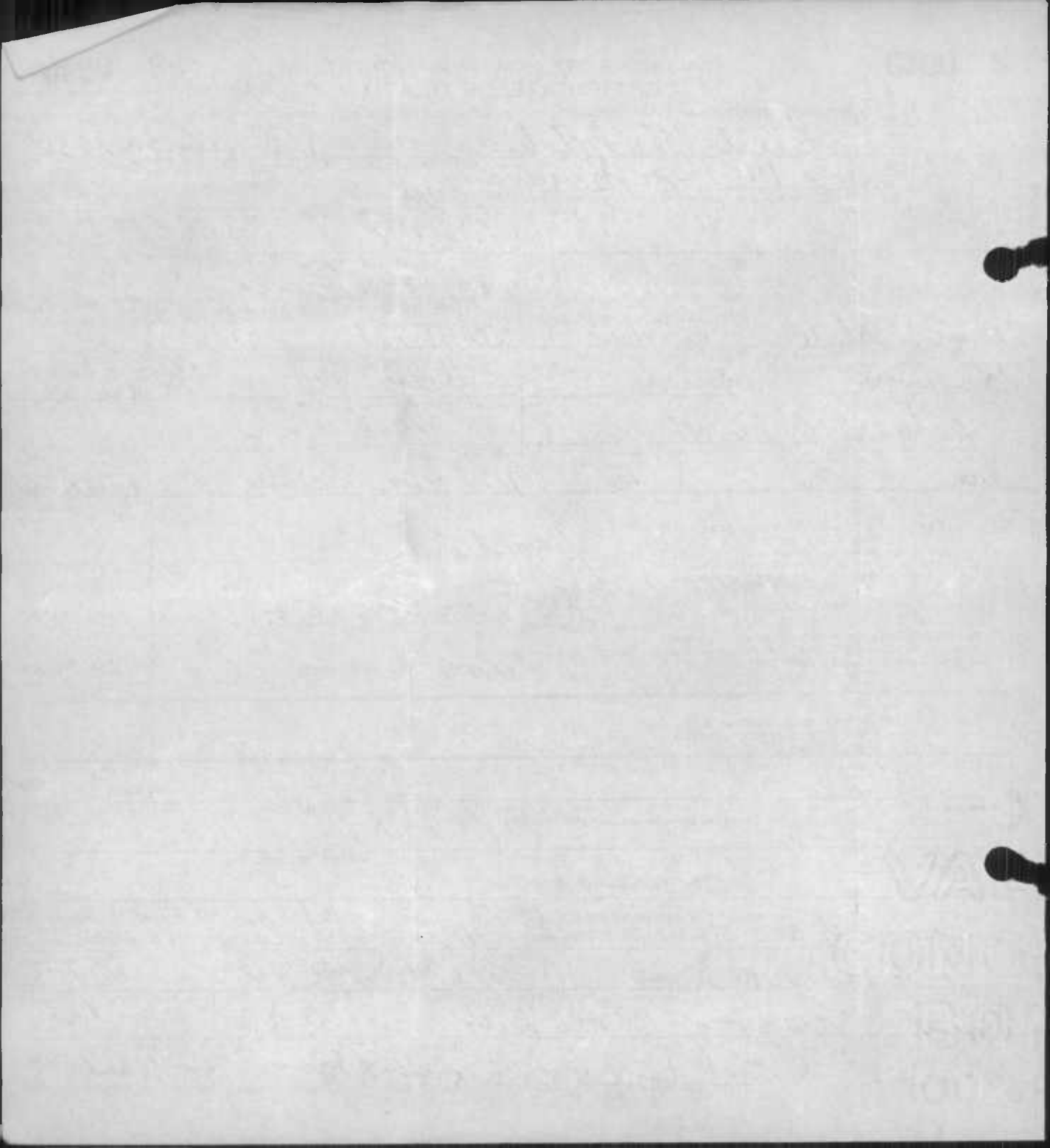


533
52 0949BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0949

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sallie Hudutch</i>		2. DATE OF DEATH <i>Jan. 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1921 McHenry</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>MD</i> B. COUNTY <i>20-63</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write JURASS and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1921 McHenry St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec 15, 1880</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Nathaniel Sherlock</i>		14. MOTHER'S MAIDEN NAME <i>Don't know</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mrs Edna Frank</i>		ADDRESS <i>323 S Pulaski</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Senility</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes Mellitus</i>		<i>10 yrs</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arteriosclerosis</i>		<i>10 yrs</i>	
19A. DATE OF OPERATION <i>260X</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1937</i> , 19 <i>52</i> , to <i>1/30</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1/30</i> , 19 <i>52</i> , and that death occurred at <i>10:30 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Edmund J. Hallen</i>		23B. ADDRESS <i>1847 W. North Ave</i>	
23C. DATE SIGNED <i>1/30/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Feb 2, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>		24D. LOCATION (City, town, or county) (State) <i>A. C. Co. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>A. Hallen</i>		ADDRESS <i>140 S Charles St</i>	



320
52 0950BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0950

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lola Lee Yates

2. DATE
OF
DEATH

30 January 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2101 Division St.

C. Length of stay in Baltimore

40 years

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work doing prior to working if retired)

Shoe sorter

10B. KIND OF BUSINESS OR
INDUSTRY

Factory

13. FATHER'S NAME

George Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2101 Division St.

8. DATE OF BIRTH

Feb. 25, 1895

9. AGE (In years
last birthday)

56

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Nannie Lee

17. INFORMANT

Georgia Lawson

ADDRESS

Morgan St. Cal

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonia

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma breast
metastases

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1951, to Jan 25, 1952 that I last saw the
deceased alive on Jan 25, 1952 and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Renold B. H. Halon

M. D.

23B. ADDRESS

581 Cherry Hill Road

23C. DATE SIGNED

30 Jan 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Gracie Chapel

24D. LOCATION (City, town, county) (State)

La Plata, Md.

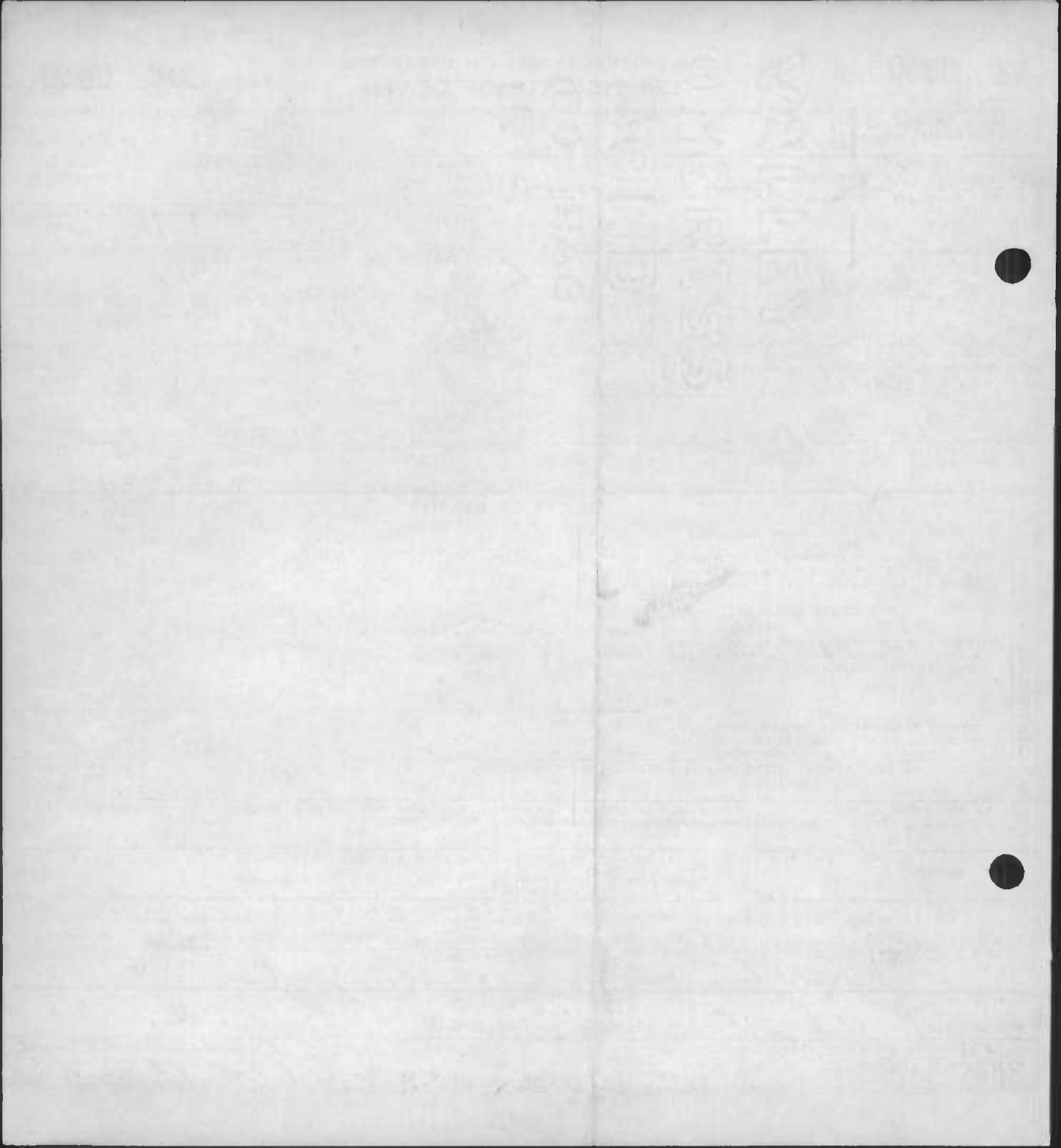
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Franklin Funeral Home



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0951**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN A. VOGEL

2. DATE
OF
DEATH

Jan. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2502 Presbury St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2502 Presbury St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
divorced

8. DATE OF BIRTH

Aug. 21, 1876

9. AGE (in years last birthday)

75

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Theis

14. MOTHER'S MAIDEN NAME

Katherine (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS St.

Mr. Clarence O. Theis, Jr.-2502 Presbury

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ulcerative colitis**
DUE TO

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **none**
DUE TO
(C) **none**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 1, 1949** to **1/29, 1952**, that I last saw the deceased alive on **1/27, 1952**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/1/52

Western Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Williams M.D.

Pharm J. Schene & Sons 120 B

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION

1981

MINISTRE DE LA SÉCURITÉ
DÉPARTEMENT DE LA SÉCURITÉ

1981



530
52 0952BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE W. SMITH

2. DATE
OF
DEATH

Jan. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4515 Garrison Blvd

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4415 Belvieu Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 20, 1867

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Phillip Haas

14. MOTHER'S MAIDEN NAME

Henrietta (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. William F. Smith, Sr. - 4415 Belvieu Ave.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Improvement of Age

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952 to Jan 20, 1952, that I last saw the deceased alive on Jan 29, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

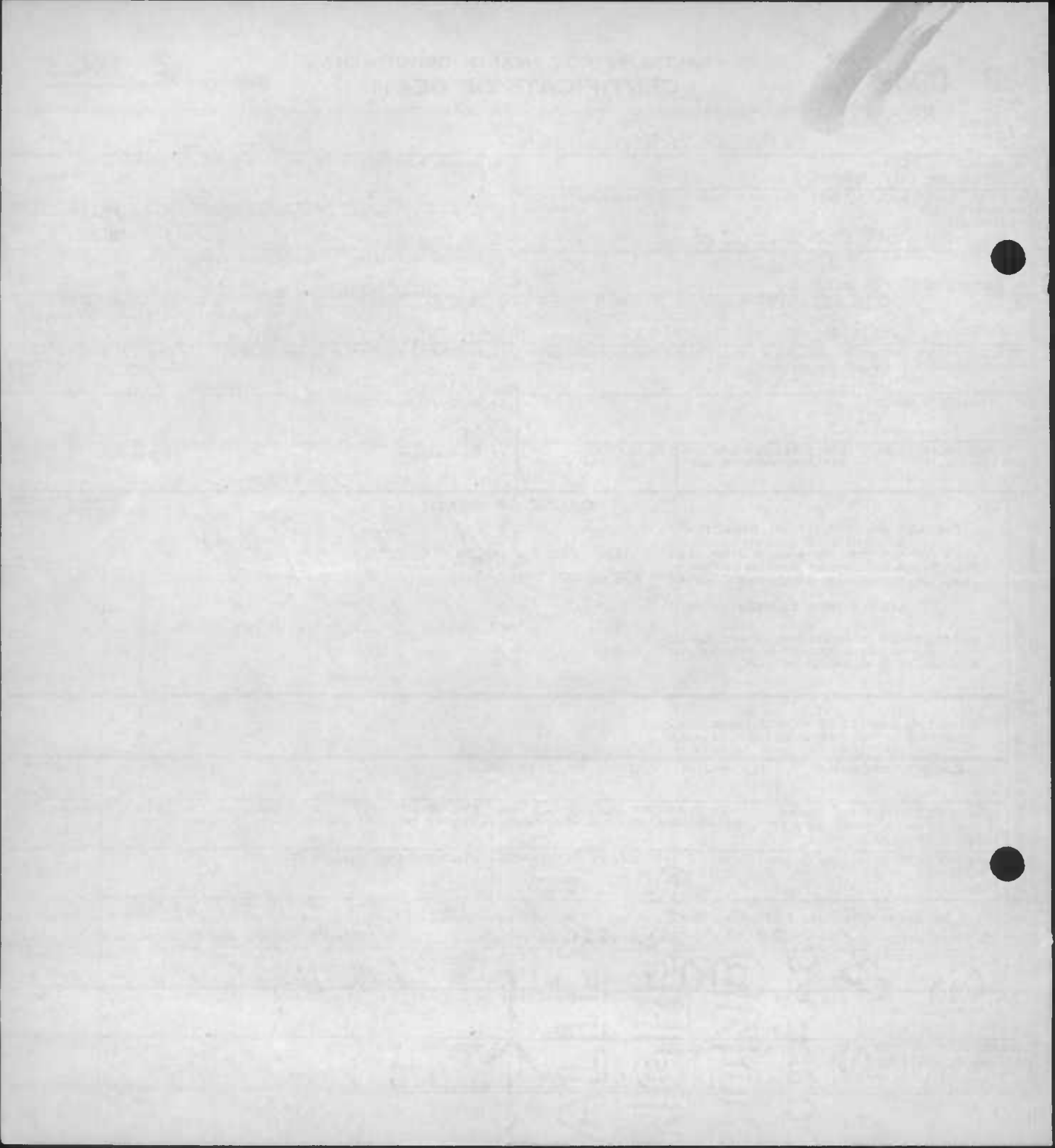
ADDRESS

JAN 31 1952

Huntington Williams, M.D.

Wm. J. Schreyer & Sons

Bkts 17 Md. 97



635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0953

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY DEAL ERDMAN

2. DATE
OF
DEATH

Jan. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3017 St. Paul St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3017 St. Paul St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 1, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

school teacher(rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Public Schools

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Erdman

14. MOTHER'S MAIDEN NAME

Mary Eliza McGlone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Gladys McCubbin-3017 St. Paul St.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Terminal Pneumonia

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, Generalized

DUE TO

Senility

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Jan, 1952, that I last saw the
deceased alive on Jan 28, 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Loy M. Zimmerman

M. D.

23B. ADDRESS

2050 Harford Rd.

23C. DATE SIGNED

Jan 31, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/1/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jm. J. Vickner & Sons

Bolto 17, Md. 97

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Date of death: _____

3. Place of death: _____

4. Cause of death: _____

5. Age at death: _____

6. Sex: _____

7. Race: _____

8. Marital status: _____

9. Occupation: _____

10. Education: _____

11. Date of birth: _____

12. Place of birth: _____

13. Name of informant: _____

14. Signature of informant: _____

15. Date of completion: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0954

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN CRAWFORD WATSON

2. DATE
OF
DEATH

Jan. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

332 Rossiter Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

332 Rossiter Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Watson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Hyland W. Watson-1212 Beechwood Rd.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Arteriosclerotic
Cardio-vascular Disease

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947, to Jan. 28, 1952, that I last saw the deceased alive on Jan. 28, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. H. Kammer, Jr. M.D.

501 Sheridan Ave.

Jan. 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/31/52

Woodlawn Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Thurston W. Williams

Thm. J. Dickner & Sons - Baeto

DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1897
No. 1

420
52 0955Welsh
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0955

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bethanne Welsh</i>			2. DATE OF DEATH <i>Jan 29 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 15 - 18</i>	9. AGE (In years last birthday) <i>33</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Severance</i>			14. MOTHER'S MAIDEN NAME <i>Bessie C. Jones</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Little Sisters of the Poor</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

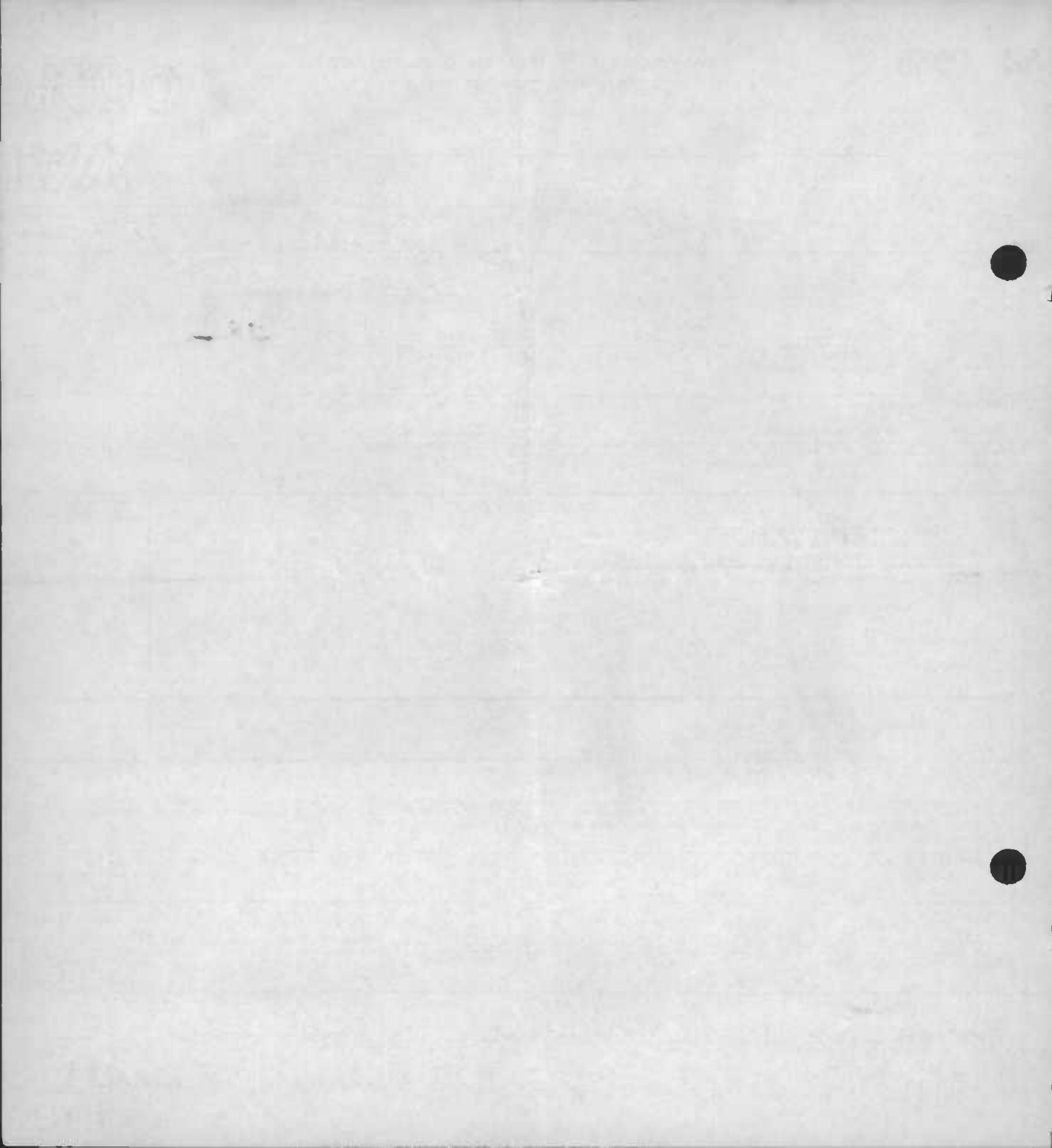
18. <i>42211</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Chronic Myocarditis</i>		<i>1 yr</i>
ANTECEDENT CAUSES	(B) <i>Arterio Sclerosis</i>		<i>5 yrs</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 10 - 1952*, to *Jan 29*, 1952; that I last saw the deceased alive on *Jan 29*, 1952, and that death occurred at *2 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall MD</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>Jan 30 - 52</i>
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 1, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 31 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>W. A. Biddle</i>	ADDRESS <i>900 E. Biddle St</i>



52 0956

52 0956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alfred Bullock

2. DATE
OF
DEATH

1/29/52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

805 Mc Donough St.

C. Length of stay in Baltimore

24

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

805 Mc Donough St.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2, 1900

9. AGE (In years)

Last birthday

37

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chaffeur - Helper

10B. KIND OF BUSINESS OR INDUSTRY

Whole-Sale Shoe Store

11. BIRTHPLACE (State or foreign country)

Henderson N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Bullock

14. MOTHER'S MAIDEN NAME

Lavinia Bullock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

213-01-1525

17. INFORMANT

Frances Bullock 805 Mc Donough

ADDRESS

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Thrombosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Myocarditis

Hypertension

INTERVAL BETWEEN ONSET AND DEATH

1 hour

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3 1952 to 1/29 1952, that I last saw the deceased alive on 1/29 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred L. DeFord

M.D.

23B. ADDRESS

822 N. 5th St.

23C. DATE SIGNED

1/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Catholic Burial Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 31 1952

REGISTRAR'S SIGNATURE

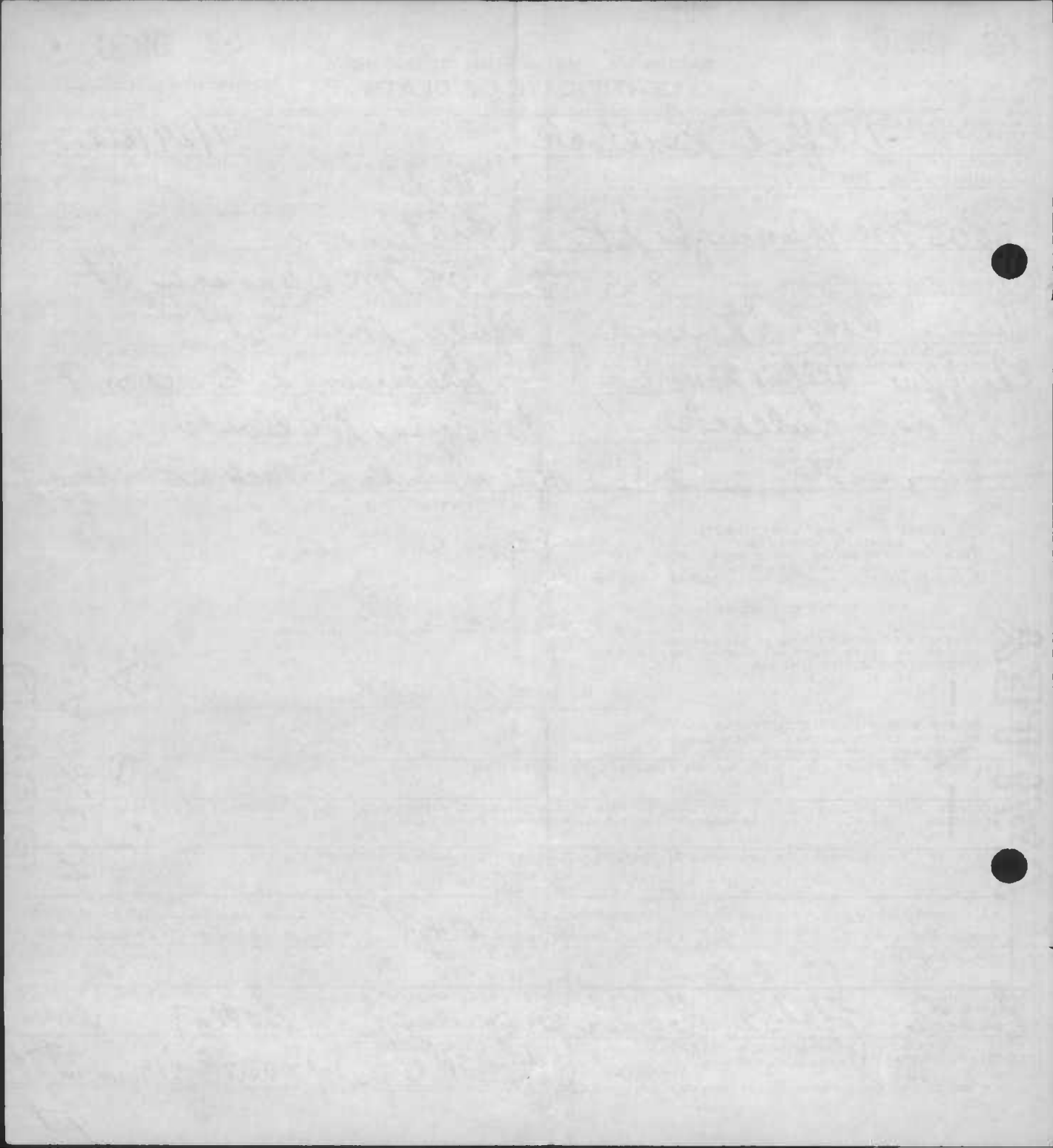
Huntington Williams

25. FUNERAL DIRECTOR

Robert L. Sperry

ADDRESS

1632 E. Monument St.



636
52 0957

52 0957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willie Carter

2. DATE
OF
DEATH

Jan 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1037 N. Gilmore St

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1937 N. Gilmore St

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Agnes Day 1211 N. Gilmore St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis

over 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atherosclerosis & hypertension

unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-17-1948 to 1-29-1952 that I last saw the deceased alive on 1-28-1952 and that death occurred at 9P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

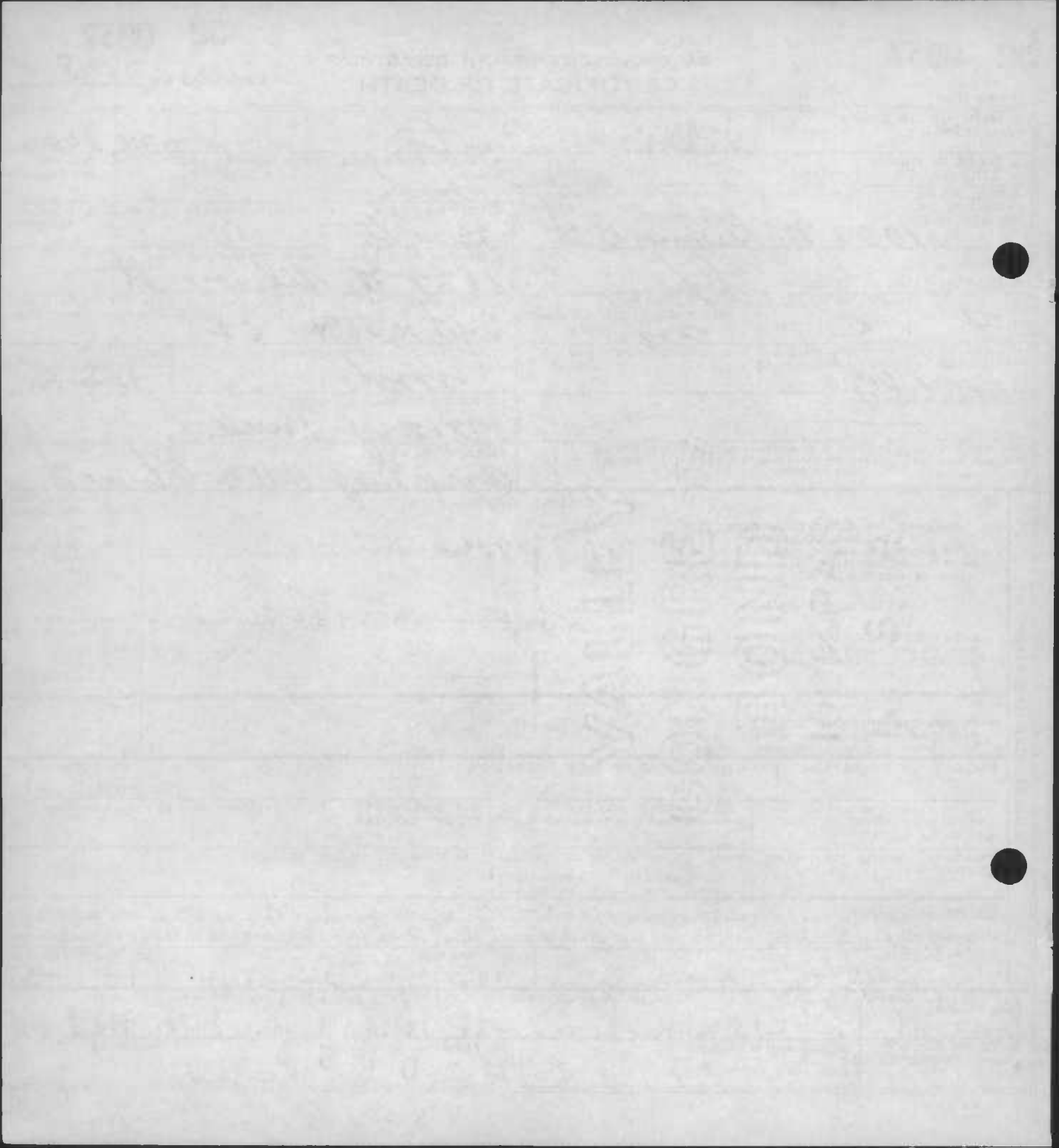
25. FUNERAL DIRECTOR

ADDRESS

1303 Prestman St

MEDICAL CERTIFICATION

It is especially important in myocardial infarction, please write the cause of death clearly and legibly.



52 0958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0958

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATRICE

JACKSON

2. DATE
OF
DEATH

January 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

666 Fairmount Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)

52

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Cor Pulmonale
DUE TO Pulmonary Congestion
Cardiac hypertrophy

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

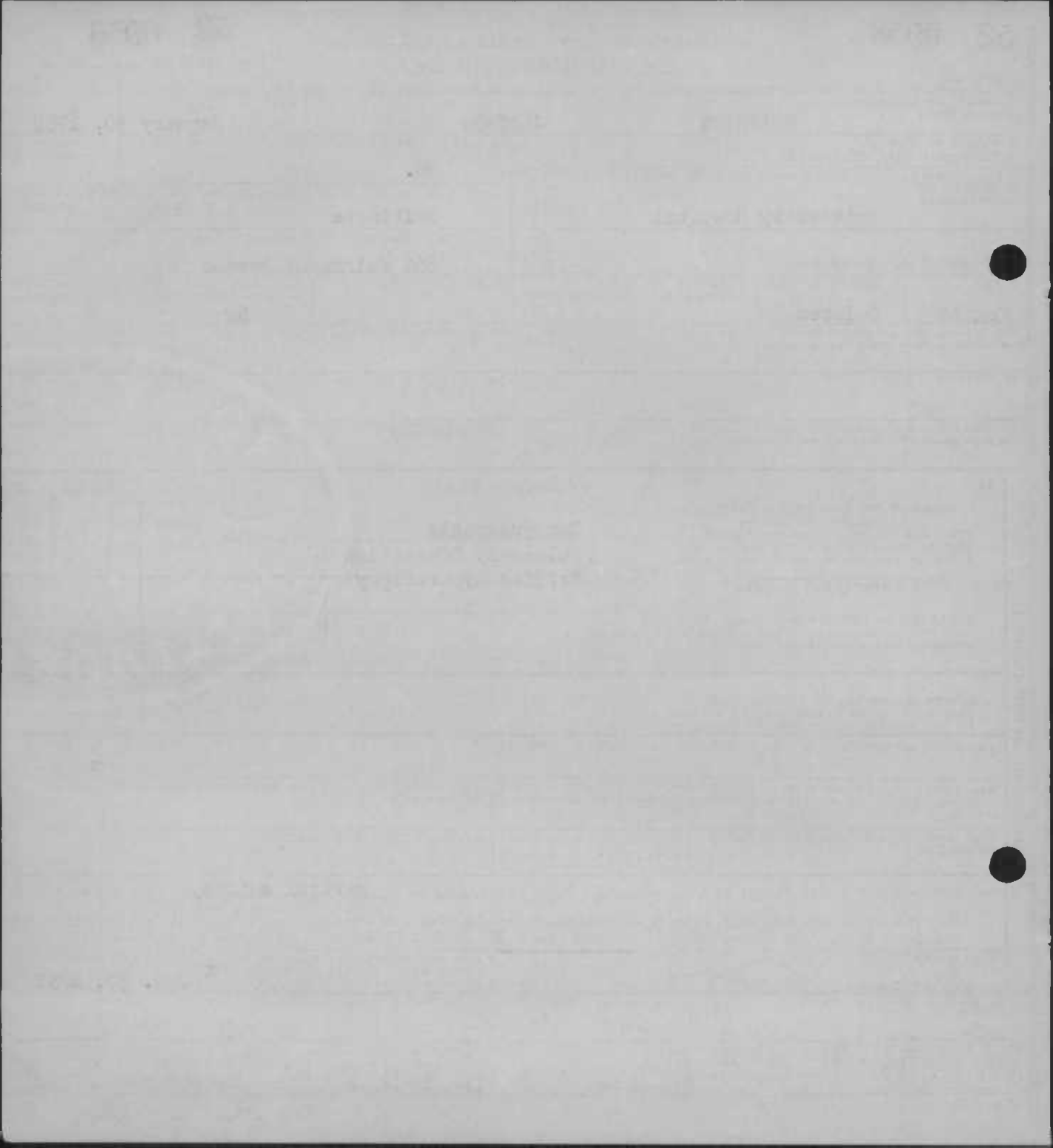
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0959**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN H.M. BROOKS

2. DATE
OF
DEATH

January 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1635 Aberdeen Road

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 5, 1888

9. AGE (In years last birthday)

63

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Book Keeper

10B. KIND OF BUSINESS OR INDUSTRY

Sun Papers

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Brooks

14. MOTHER'S MAIDEN NAME

Marie Cummings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Kenneth M. Brooks, 1514 Stonewood Road

18. **4/20 1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease**
DUE TO **Coronary Occlusion**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 30, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/2/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Parkville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington H. Williams, M.D., 1217 St. Paul Street

VS 151

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260
52 0960BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0960

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur H. Baker

2. DATE
OF
DEATH

Jan. 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2606 Gibbons Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-06

D. STREET ADDRESS (If rural, give location)

2606 Gibbons Ave

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 6-1873

9. AGE (In years
last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Treasurer - Shepherd Store Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Baker

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-67-3827

17. INFORMANT

Mrs Matilda Baker

ADDRESS

2606 Gibbons Ave

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Insufficiency

10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1952, to Jan. 30, 1952, that I last saw the
deceased alive on Jan. 30, 1952, and that death occurred at 9:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Lay M. Zimmerman M. D.

23B. ADDRESS

2058 Harford Rd.

23C. DATE SIGNED

Jan. 31, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Williams, M.D.

5305 Harford

VS 150

1952

937

Dr. L. Zimmerman
2855 Harvard St.

462
52 0961BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0961

1. NAME OF DECEASED (Type or Print) William Theodore Clark			2. DATE OF DEATH Jan. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1124 Gorsuch Ave.			9-05		
Length of stay in Baltimore ? Yrs. Mos. Days			8. DATE OF BIRTH 2/28/04		
5. SEX M			9. AGE (In years last birthday) 47		
6. COLOR OR RACE W			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio operator		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			11. BIRTHPLACE (State or foreign country) Idaho		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio operator			12. CITIZEN OF WHAT COUNTRY? USA		
10B. KIND OF BUSINESS OR INDUSTRY Seafarer			13. FATHER'S NAME William M. Clark		
14. MOTHER'S MAIDEN NAME Eva Mosher			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		
16. SOCIAL SECURITY NO. ?			17. INFORMANT Records- US PHS Hospital, Balto, Md.		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			INTERVAL BETWEEN ONSET AND DEATH 1 hr		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at approx 2 p m., from the causes and on the date stated above.		
23A. SIGNATURE Roger L Black			23B. ADDRESS USPHS Hosp, Balto, Md		
23C. DATE SIGNED 1/29/52			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 2-1-52			24C. NAME OF CEMETERY OR CREMATORY Italy Redeemer		
24D. LOCATION (City, town, or county) (State) Balto Md			25. FUNERAL DIRECTOR Huntington Ave. Balto, Md		
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952			ADDRESS 5305 Bayford Rd		
VS 150			076 55 94a		

VALLEY

BOND

1000000

U.S. A. N.

COMMISSION

552
52 0962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0962
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgia Swindell Pimmars

2. DATE
OF
DEATH

1/31/52

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Queen Memorial Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

4104 Roland Av.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 20, 1895

9. AGE (In years last birthday)

56

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Swindell

14. MOTHER'S MAIDEN NAME

Julia Wigdel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Husband

ADDRESS

Same

18. 587.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute pancreatitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/30/52

19B. MAJOR FINDINGS OF OPERATION

Acute pancreatitis

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/27/51, 19, to 1/31/52, 19, that I last saw the deceased alive on 1/31/52, 19, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

23B. ADDRESS

Queen Memorial Hosp.

23C. DATE SIGNED

1-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb 2/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 31 1952

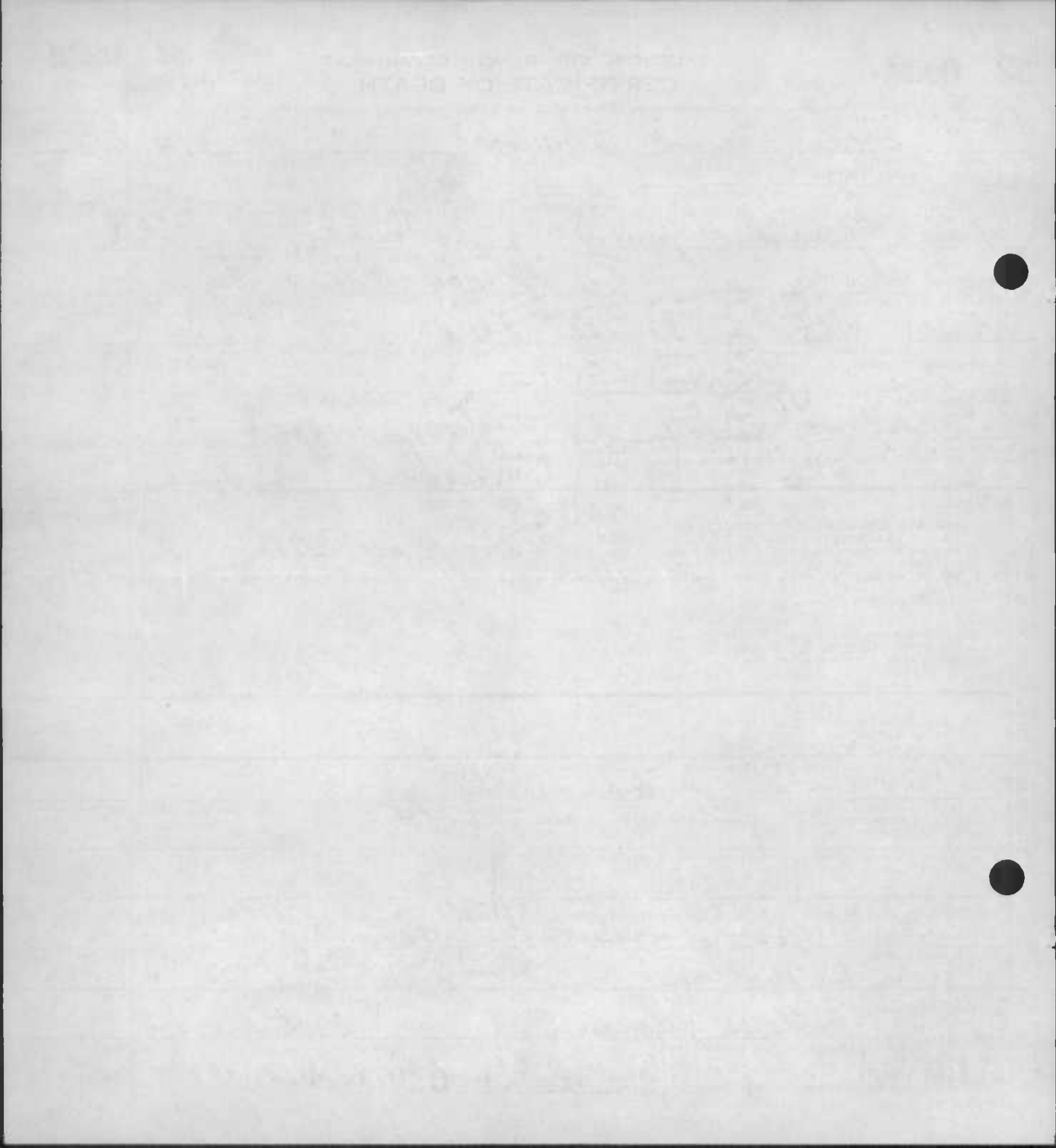
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. H. Brown Co. 108 W. North An



240
52 0963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0963
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Irving Boswell

2. DATE
OF
DEATH

Jan/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1802 N. Register Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland Baltimore City

C. CITY OR TOWN (If outside corporate limits, write R. T. and give township)

Baltimore City 8-05

D. STREET ADDRESS (If rural, give location)

1802 N. Register Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct-29-1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Bartlett-Hayward

11. BIRTHPLACE (State or foreign country)

Elbridge, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Not Known

Piston River

14. MOTHER'S MAIDEN NAME

Nancy Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

214-05-3006

17. INFORMANT

ADDRESS

Mrs. Bertha B. Smith - 1701 Woodlawn Dr.

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

2 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

8 yrs +

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *1-29*, 19*52*, to *1-29*, 19*52*, that I last saw the
deceased alive on *1-29*, 19*52* and that death occurred at *9:50 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Mower

M. D.

23B. ADDRESS

2105 Belair Rd

23C. DATE SIGNED

1-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb/1/52

Moreland Memorial

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Williams, M.D.

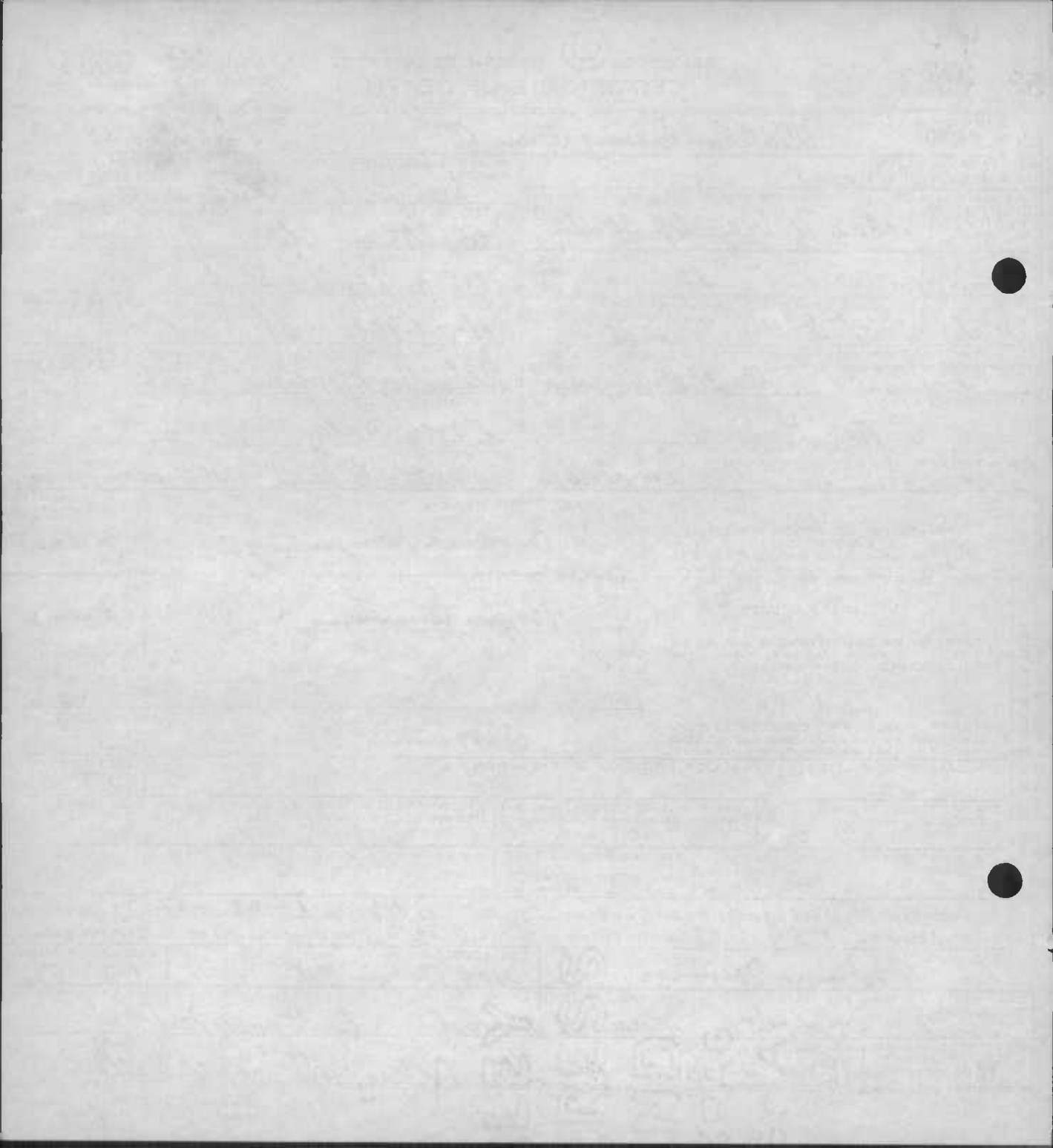
Stewart & Mower Co., 108 W. North Ave.

VS 150

5233L

City #1. 83a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0964**

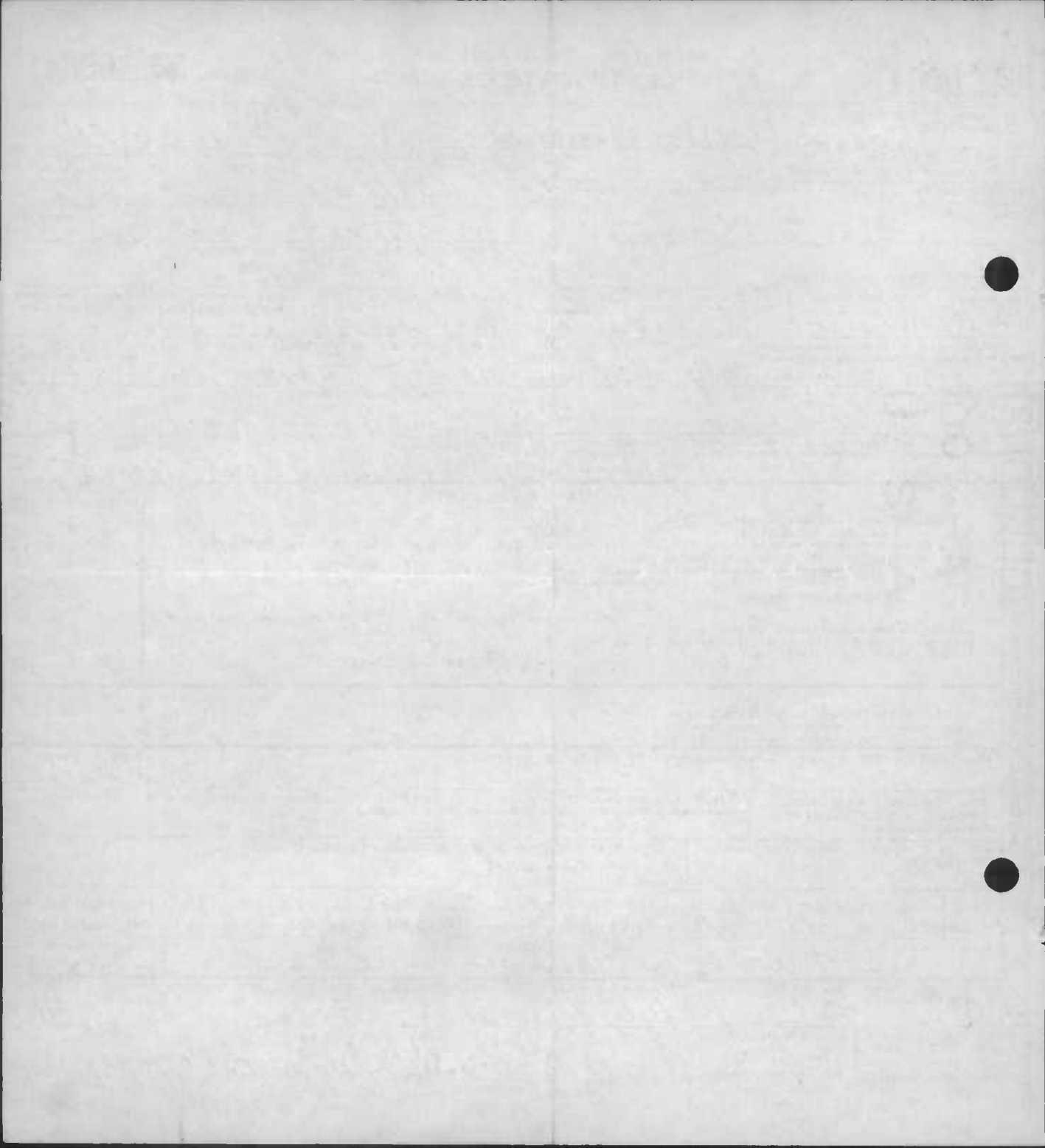
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph (Wells) Wasilewski Sr.			2. DATE OF DEATH 1-30-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 628 PORTLAND ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore 4 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 628 PORTLAND ST.		
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MARCH 16, 1887		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Ship Carpenter Maryland Dry Dock		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WARSAW, POLAND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-03-2148	17. INFORMANT ADDRESS WANDA BILZER 628 PORTLAND ST.		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis		Sudden
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Artery Disease		1 year
(C) Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-17 , 19 51 , to 1-30 , 19 52 , that I last saw the deceased alive on 1-15 , 19 52 , and that death occurred at 7:30 A m., from the causes and on the date stated above.				
23a. SIGNATURE John P. Unlocks Jr.		23b. ADDRESS 1227 Waverly Blvd	23c. DATE SIGNED 1-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 3RD/52	24c. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24d. LOCATION (City, town, or county) (State) BELAIR RD. MD.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952	REGISTRAR'S SIGNATURE Huntington Wille	25. FUNERAL DIRECTOR ADDRESS CHARLES W. KACHAVSKAS 703 MCHENRY ST.		

MEDICAL CERTIFICATION



162
52 0965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0965
Registered No.

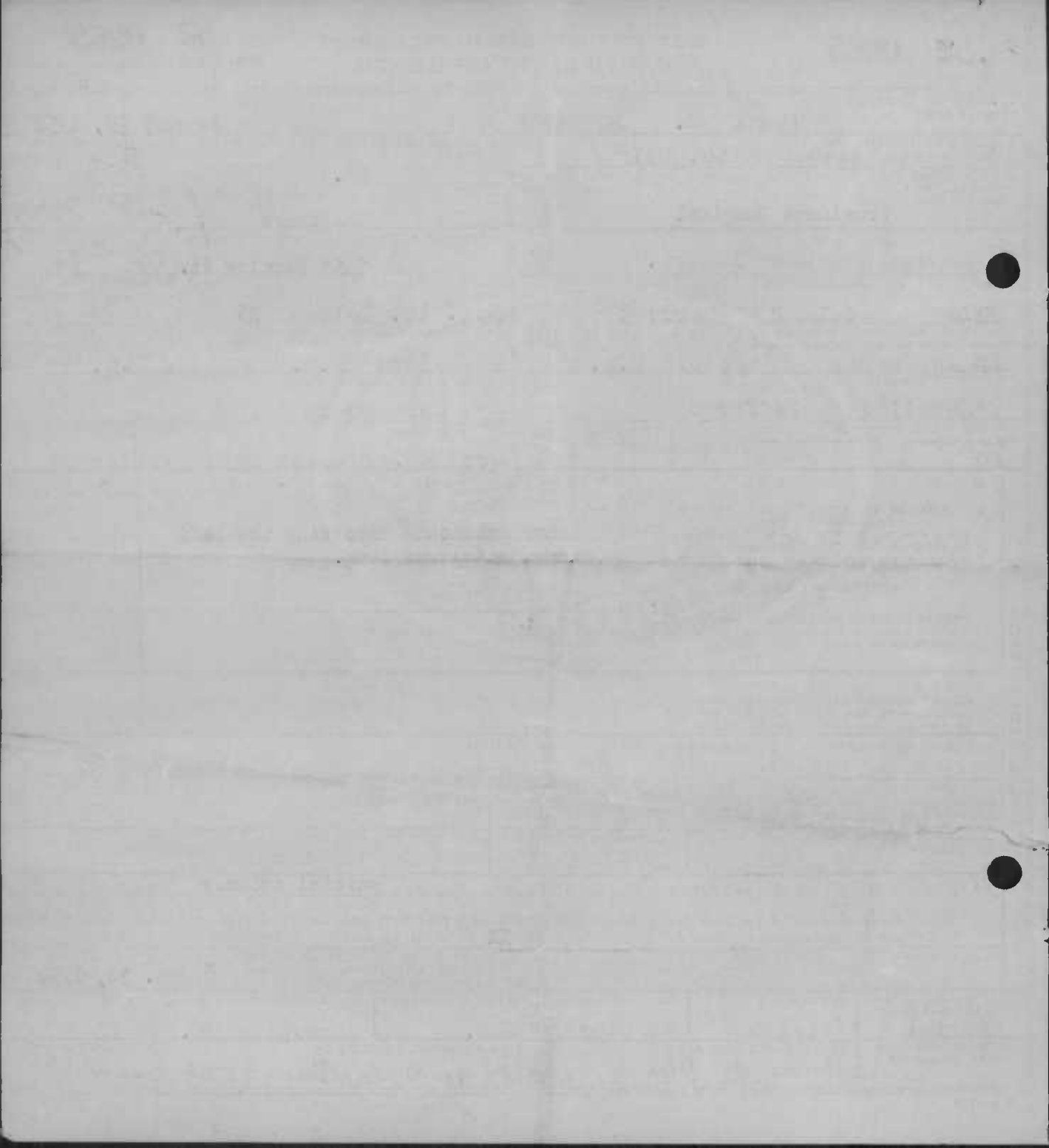
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HORACE H. JEFFERSON		January 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		Md. C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2453 Barclay St.	
5. Length of stay in Baltimore 15 Yrs.	6. COLOR OR RACE Male Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engin Washer	10B. KIND OF BUSINESS OR INDUSTRY Western R.R.	9. AGE (in years last birthday) 37	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Napolias Jefferson	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Cora Moore
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia involving the left upper and lower lung.		19. CAUSE OF DEATH DUE TO	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William V. B...		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... 23C. DATE SIGNED Jan. 30, 1952	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24B. DATE 1/31/1952	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Eloygo Wilcox		ADDRESS 108 B... 108 B...	

MEDICAL CERTIFICATION

9701 50

108 B...



52 0966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0966

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) STEFANIA MIELCZARZ		2. DATE OF DEATH Jan 28 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 2	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 2042 Gough Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 38 years		d. STREET ADDRESS (If rural, give location) 2042 Gough Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 16 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House wife	9. AGE (in years last birthday) 57
13. FATHER'S NAME Juan Gornowski		12. CITIZEN OF WHAT COUNTRY? Poland	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) Poland	
16. SOCIAL SECURITY NO. - - -		12. CITIZEN OF WHAT COUNTRY? Poland	
17. INFORMANT Mrs. Mary Lewandowski		ADDRESS 315 S. Duncan	

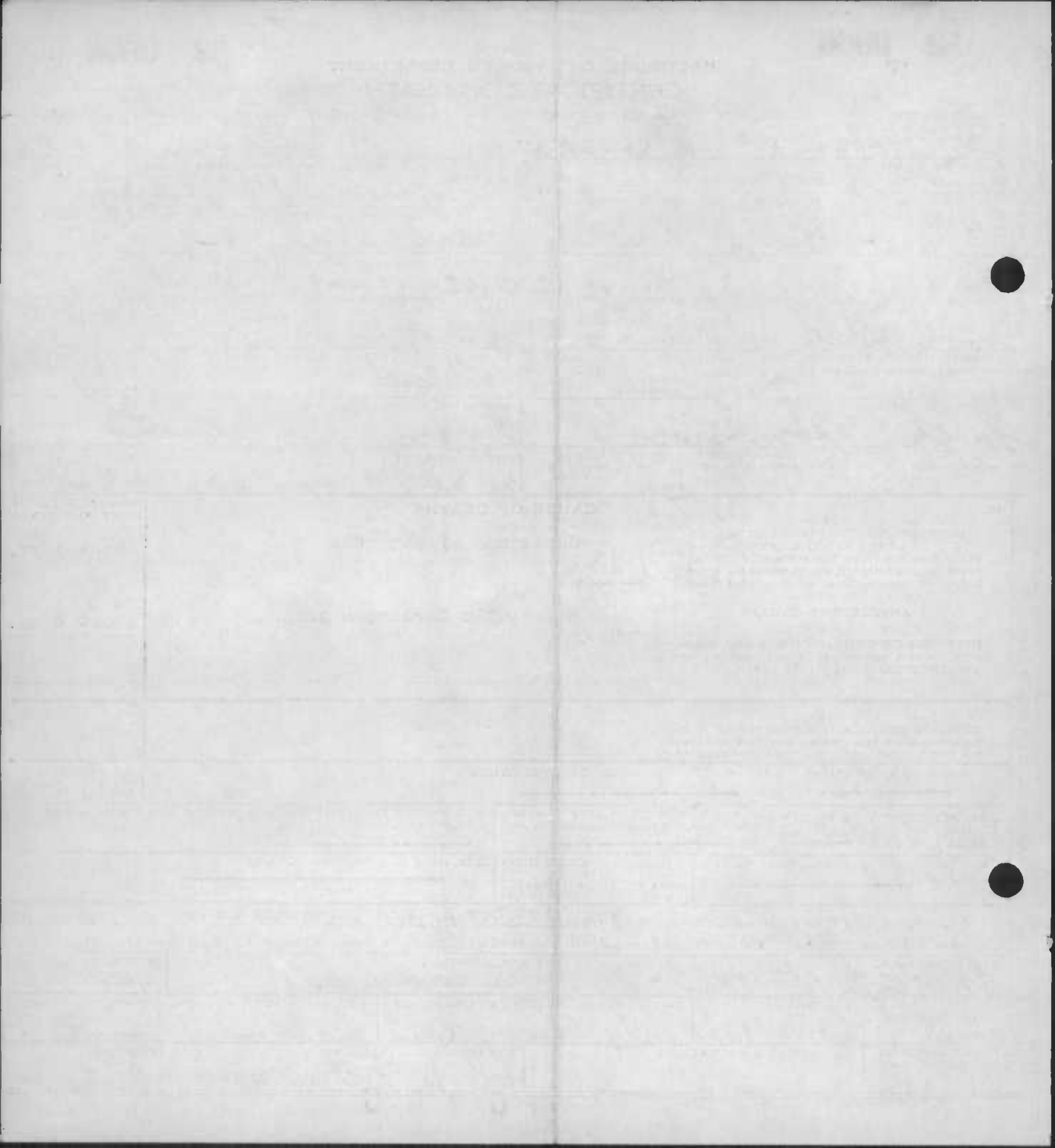
18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pancreas	CAUSE OF DEATH Carcinoma of Pancreas	INTERVAL BETWEEN ONSET AND DEATH About 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastatic Carcinoma of Lung	(A) Metastatic Carcinoma of Lung	About 3 mo.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 10/28/51	19b. MAJOR FINDINGS OF OPERATION Pancreatic carcinoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Home
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/28/51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accident

22. I hereby certify that I attended the deceased from **October 2, 1951**, to **January 28, 1952**, that I last saw the deceased alive on **Jan. 28, 1952**, and that death occurred at **3:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John L. Weber	23b. ADDRESS 516 Cathedral St.	23c. DATE SIGNED 1/30/52
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 2 1952	24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	24d. LOCATION (City, town, or county) (State) Baltimore County
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John L. Weber	ADDRESS 401 S. Chester



3252 0967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0967
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GERARD A. MATHIAS

2. DATE
OF
DEATH

January 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

610 S. East Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 13, 1918

9. AGE (In years
last birthday)

33

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William T. Mathias

14. MOTHER'S MAIDEN NAME

Elizabeth Bieger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

World War II

16. SOCIAL
SECURITY NO.

219-01-3410

17. INFORMANT

ADDRESS

William T. Mathias 235 S. Bouldin St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Doulachen

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

January 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

February 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

7401 German Hill Rd. Balto. Co.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Wiltshire, Jr.

Charles S. Gile

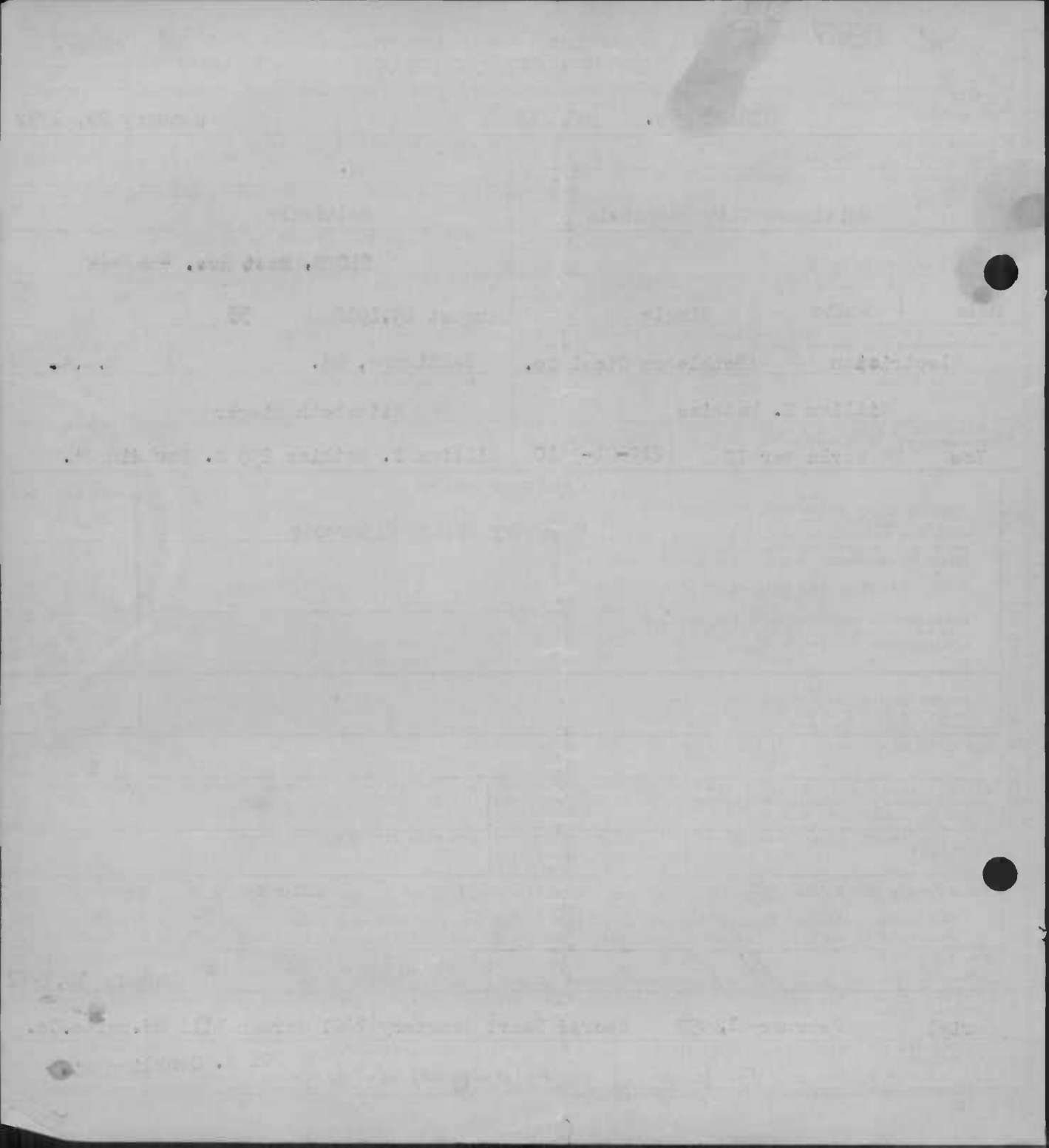
901 S. Conkling St.

VS 151

515-30

94a

MEDICAL CERTIFICATION



240
52-0968
VHC-121002BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0968

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Siegle		2. DATE OF DEATH 1-30-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2224 Washington BLVD.		5. LENGTH OF STAY IN BALTIMORE Life	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH April 27, 1871?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solider		10B. KIND OF BUSINESS OR INDUSTRY General	
13. FATHER'S NAME SAMUEL SIEGLE		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records-Baltimore City Hospitals		ADDRESS 4940 Eastern Avenue	

18. 177X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Prostate DUE TO Arteriosclerotic Heart Disease DUE TO over 1 Yr.	INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-6 , 19 48 to 1-30 , 19 52 that I last saw the deceased alive on 1-30 , 19 52 , and that death occurred at 2:00AM , from the causes and on the date stated above.					
23A. SIGNATURE C. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 1-30-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-1-52	24C. NAME OF CEMETERY OR CREMATORY Mt Olivet	24D. LOCATION (City, town, or county) (State) Fredrick Rd
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Edmund Toulson, Radio 265	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0969**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Shopis

2. DATE
OF
DEATH

1/30/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

647 W. Lombard St.

c. CITY OR TOWN

Baltimore

d. STREET ADDRESS (If rural, give location)

647 W. Lombard St.

Length of stay in Baltimore

41

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/23/1887

9. AGE (in years,
last birthday)

64

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sailor

10b. KIND OF BUSINESS OR
INDUSTRY

zidulus & Co

11. BIRTH PLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Benjamin Shopis

14. MOTHER'S MAIDEN NAME

Agatha Ruguite

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Ursula Shopis Lombard St

18. *200.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lymphos carcinoma femoral 4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

aproximate heart disease 4 yrs

(C)

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *Mar 14th* 19*48*, to *1/30*, 19*52*, that I last saw the
deceased alive on *1/30*, 19*52*, and that death occurred at *5:30* p.m., from the causes and on the date stated above.

23a. SIGNATURE

Therese B. Kink

23b. ADDRESS

135 W. Euterpa

23c. DATE SIGNED

1/31/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

2/2/52

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem. 4430 Belair Rd.

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son 20 Collins

ADDRESS

200
52 0970BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0970

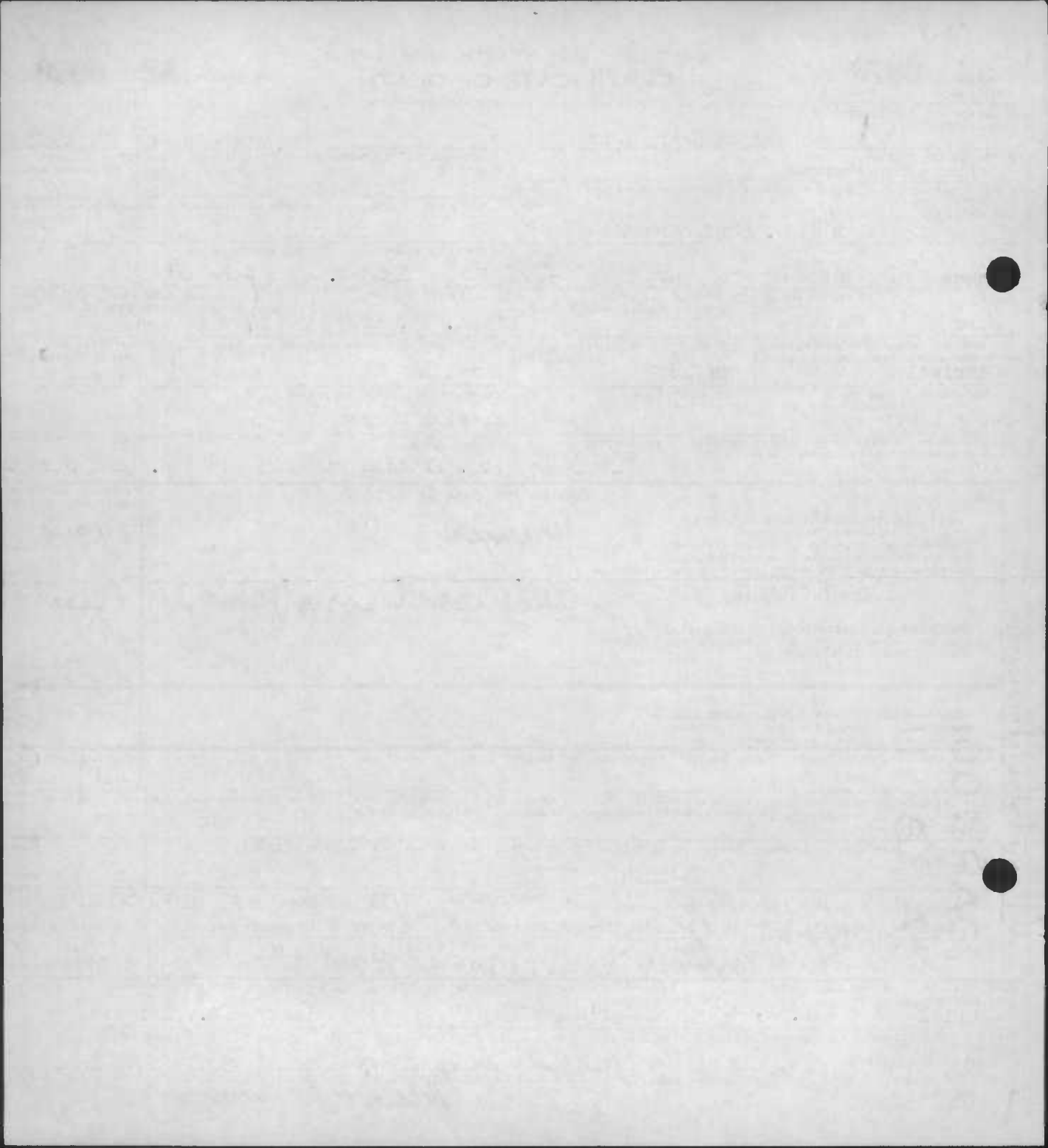
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Henry Lake			2. DATE OF DEATH January 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1343 W. 42nd Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 1343 W. 42nd Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1884		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical		10B. KIND OF BUSINESS OR INDUSTRY Office	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John Lake			14. MOTHER'S MAIDEN NAME Estelle Despoie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-12-5047	17. INFORMANT ADDRESS Mrs. Francis Mae Lake 1343 W. 42nd Street		

18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Uremia (A) ... DUE TO arteriosclerosis (generalized) (B) ... DUE TO ... (C) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ... (C) ... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1942, to Jan 30, 1952, that I last saw the deceased alive on Jan 29, 1952, and that death occurred at 4:52 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Egbert H. Kfortumir J.		23B. ADDRESS 2706 St Paul St		23C. DATE SIGNED 1/31/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Sater's	24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road Horace F. Burgee	



500
52 0971
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 0971

1. NAME OF DECEASED (Type or Print) CLAUDE EDISON GHEEN		2. DATE OF DEATH January 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 46 Yrs. 11-03		D. STREET ADDRESS (If rural, give location) 820 Park-Ave	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/17/1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY For Self	
13. FATHER'S NAME David W. Gheen		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME Elizabeth Beaver	
17. INFORMANT Mr. David W. Gheen		ADDRESS 820 Park Ave	

18. **E 974X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) **Asphyxia due to hanging**
DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH. X	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) B & O box car	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Monroe St. & Carroll Pk. (B&O Railroad/grounds.
21D. TIME (Month) (Day) (Year) (Hour) Found 1/29/52 5:10 p.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Hung himself with belt;

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. [Signature]	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR X	23C. DATE SIGNED Jan. 30, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/1/52	24C. NAME OF CEMETERY OR CREMATORY Western Cem.	24D. LOCATION (City, town, or county) (State) Edmondson & Longwood Sts.
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DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John J. Bowman & Son	ADDRESS 90 [Address]
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0972
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROYAL URBAN GRAYBILL		2. DATE OF DEATH January 29, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Pennsylvania b. COUNTY V-35	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) York	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 446 Walnut St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/21/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groomed horses		10b. KIND OF BUSINESS OR INDUSTRY Race Track	9. AGE (In years last birthday) 58 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Joseph M. Graybill		11. BIRTHPLACE (State or foreign country) York Co., Pa.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Louise Ann Barnhart	
17. INFORMANT Mrs. H. P. Curn, 736 Madison		ADDRESS	

18. 58101 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William V. Smith</i>		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23c. DATE SIGNED January 30, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/2/52		24c. NAME OF CEMETERY OR CREMATORY Greenmount	
24d. LOCATION (City, town, or county) (State) York, Pa.					

DATE RECEIVED BY LOCAL REGISTRAR JAN 31 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>751, Queen St York Pa</i>	
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52 0973

52 0973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J. KRAL

2. DATE
OF
DEATH

1-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

913 N. COLLINGTON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

913 N. COLLINGTON AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAIL CARRIER

10B. KIND OF BUSINESS OR INDUSTRY

P.O. DEPT

13. FATHER'S NAME

JOSEPH KRAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

1ST. WORLD WAR

16. SOCIAL
SECURITY NO.

B. DATE OF BIRTH

9-13-1890

9. AGE (In years last birthday)

61

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

MADELINE SMRHA

17. INFORMANT

ADDRESS

BARBARA KRAL 913 N. COLLINGTON

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORKNOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from 1-29-52, to 1-30-52, that I last saw the deceased alive on 1-30-52, and that death occurred at 8:45 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

2-2-52

HOLY REDEEMER BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1952

Huntington Williams, M.D.

FRANK CUBACH & SON 900 N. CHESTER

VS 150

335900972

94a

MEDICAL CERTIFICATION

THE
OFFICE
OF THE
TREASURER
OF THE
UNITED STATES
DEPARTMENT OF THE
INTERIOR
WASHINGTON, D. C.

RECEIVED
JAN 10 1910
BY THE
TREASURER
OF THE
UNITED STATES
DEPARTMENT OF THE
INTERIOR
WASHINGTON, D. C.

350
52 0974BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0974
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theodore Roten

2. DATE
OF
DEATH

January 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5 Weeks

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Soleman

10B. KIND OF BUSINESS OR
INDUSTRYclothing industry
Soleman

13. FATHER'S NAME

Moses Roten

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-076825

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

Pikesville

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Hooks Lane

8. DATE OF BIRTH

8-21-90

9. AGE (In years
last birthday)

61

If Under 1 Year
Months Days

6 9

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Hilda Soubour

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Longestium Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Aplastic Anemia

DUE TO

(C)

Metastatic Carcinoma of
the ProstateOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Severe anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1951, to 1-30, 1952 that I last saw the
deceased alive on 1-30, 1952, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

JOHNS HOPKINS HOSPITAL

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Baltimore

2/1/52

Baltimore Hebrew Cemetery

Blair Rd

Md

DATE RECEIVED BY
LOCAL REGISTRAR

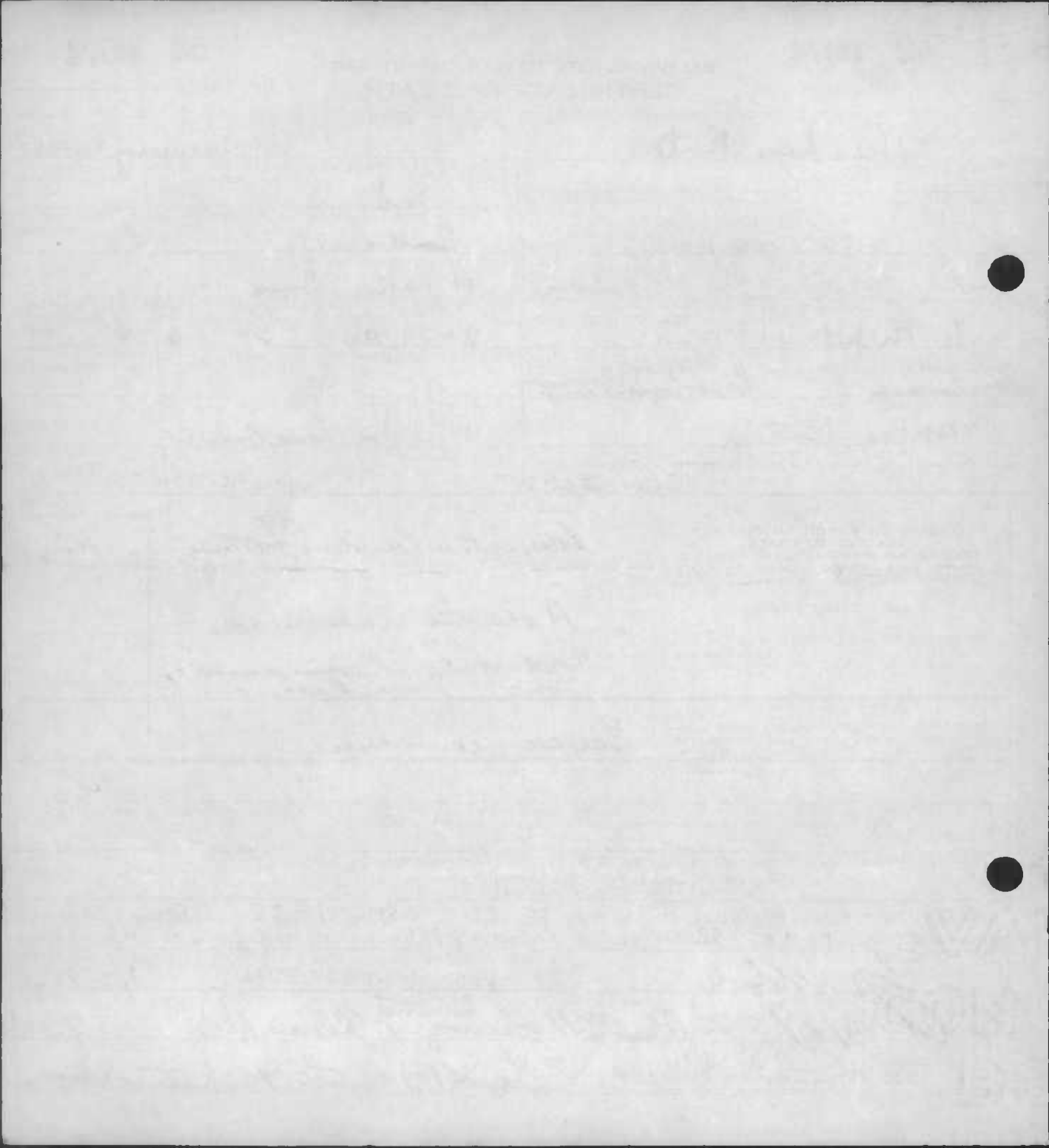
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington Williams, M.D. David R. Master 1902 Eutaw place



620
52 0975

52 0975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence M. Lorek

2. DATE
OF
DEATH

1-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

525 S. Washington St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

13. FATHER'S NAME

Henry Armeling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md. 2-03

D. STREET ADDRESS (If rural, give location)

525 S. Washington Street

8. DATE OF BIRTH

May 22-1870

9. AGE (in years;
last birthday)

82

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Elizabeth

17. INFORMANT

ADDRESS

William Lorek - 522 1/2 Cedar Court

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

General Arterio Sclerosis
Chronic Myocarditis

5 yrs

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949, to Jan 29, 1952, that I last saw the deceased alive on Jan 29, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Myrtle L. Solomons

23B. ADDRESS

129 S. Broadway

23C. DATE SIGNED

1/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-2-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

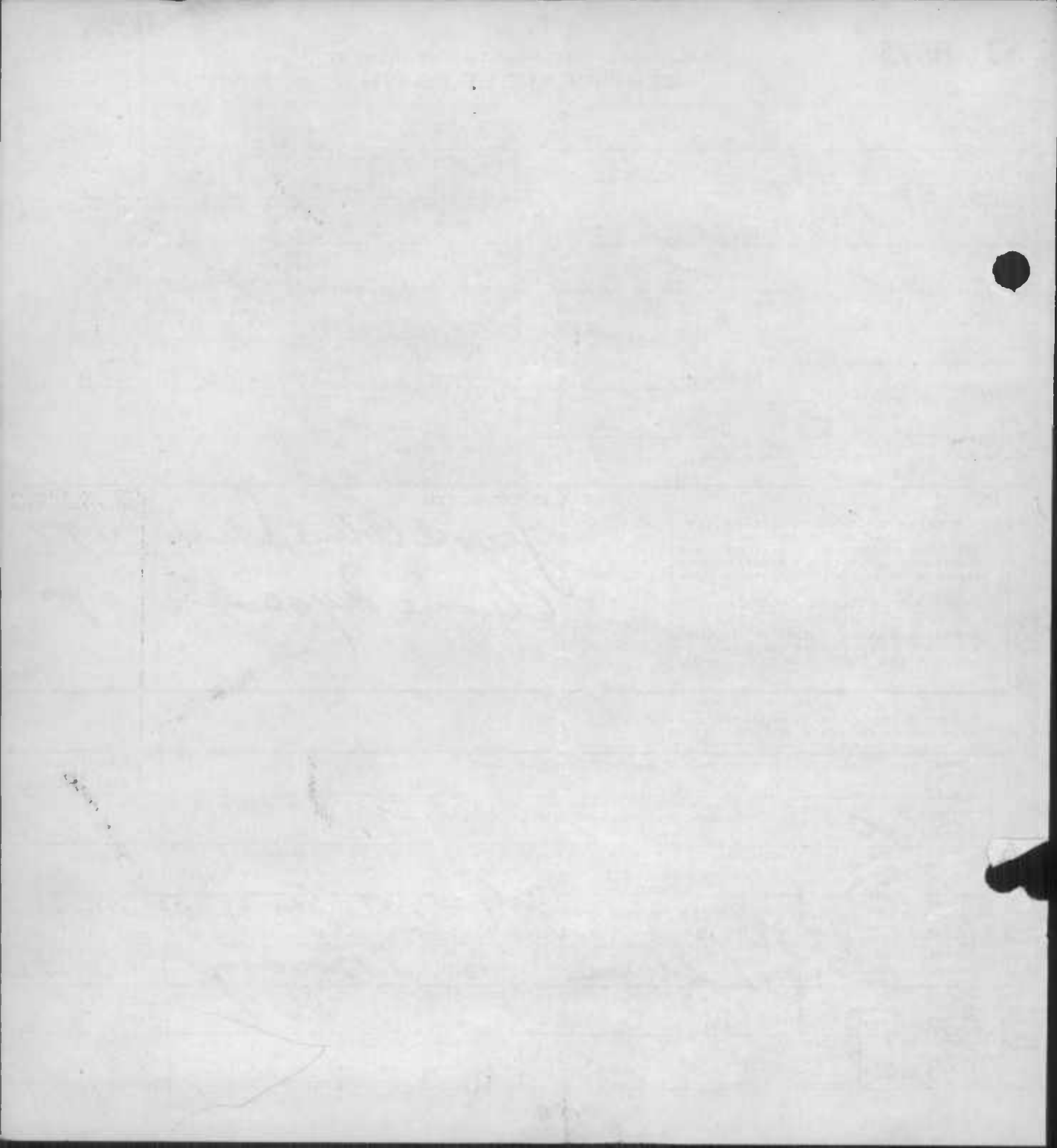
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lily & Ziegler - 403 S. Wood St.



5-560
52 0976BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0976
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Steven C. Schiner

2. DATE
OF
DEATH

1-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1807 Henneman Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md - 8-07

D. STREET ADDRESS (If rural, give location)

1807 Henneman Ave

length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-27-08

9. AGE (in years
last birthday)

43

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book

10B. KIND OF BUSINESS OR
INDUSTRY

Miller Bros.

13. FATHER'S NAME

?

R. J. T.

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Beth Holt - same address

18. 002 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CAUSE TO

Pulmonary Tuberculosis
body formation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CAUSE TO

Myocardial Infarction
Pulmonary Edema

(C)

20 hrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute Myocarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 1 - 1951, to Jan 30 - 1952, that I last saw the
deceased alive on Jan 29, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. G. Lay Jr.

M. D.

23B. ADDRESS

156 N. Milton Ave.

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-2-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

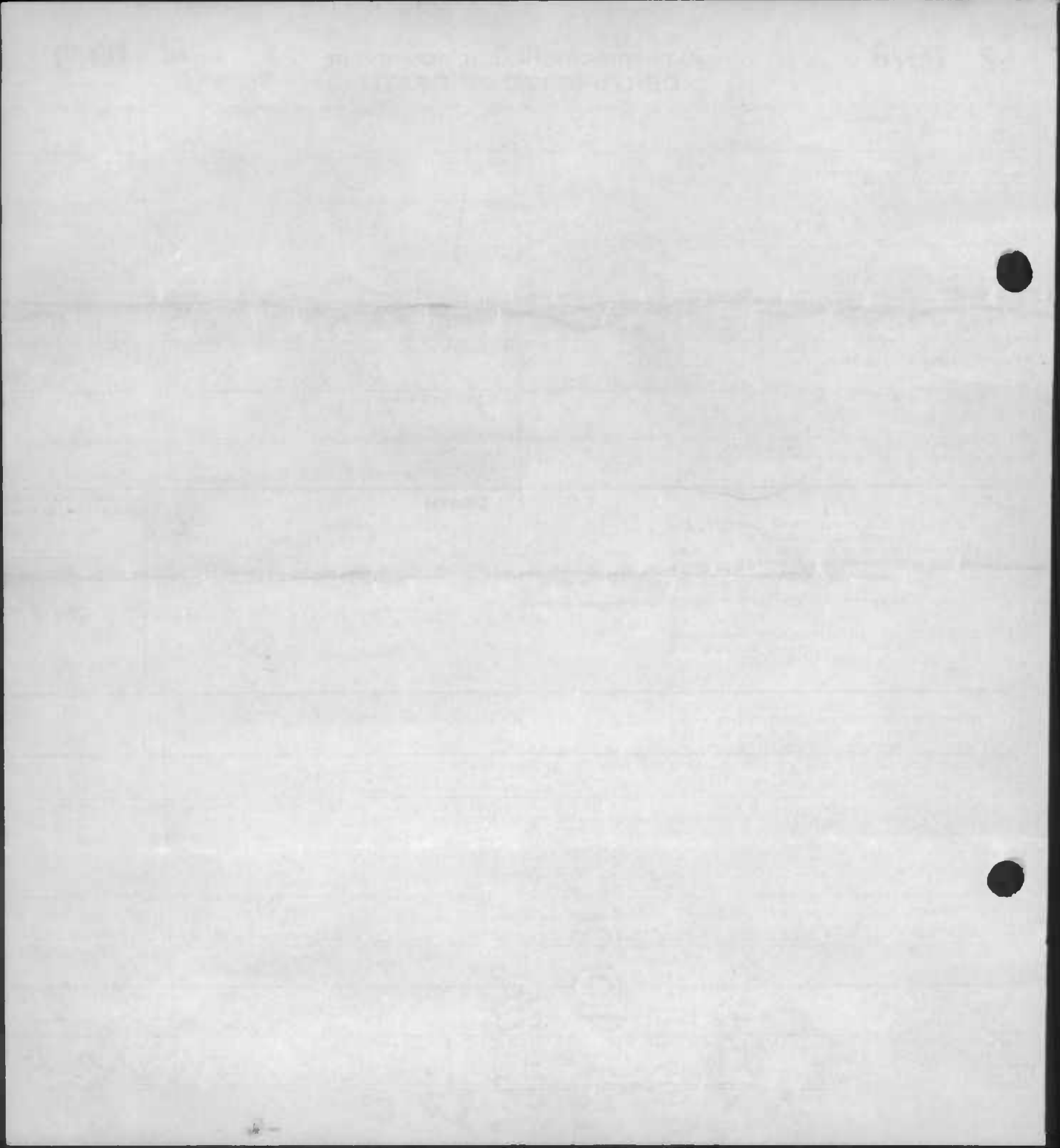
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly + Schuler 4038 Welch St



3092 0977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0977
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELLA ROHII		2. DATE OF DEATH 1-31-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2325 Braddish Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-47	
D. STREET ADDRESS (If rural, give location) 2325 Braddish Ave		E. Yrs. 47 Mths. 0 Days	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Hyman Pats		14. MOTHER'S MAIDEN NAME Sarah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter Leichner - same		ADDRESS	

18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute myocardial infarction DUE TO arteriosclerosis death's sequelae		INTERVAL BETWEEN ONSET AND DEATH 2 days 5375?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-24-52 to 1-31-52 , that I last saw the deceased alive on 1-29-52 , and that death occurred at 7 PM , from the causes and on the date stated above.					
23A. SIGNATURE Michael B. K...		23B. ADDRESS 2320 Eutaw Pl		23C. DATE SIGNED 2/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-1-52		24C. NAME OF CEMETERY OR CREMATORY Beth Isaac	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutaw Pl	

FEB 1 1952

Kersh
3001 Garrison Blvd
Mo 5062

545
52 0978BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Kinling

2. DATE

OF DEATH January 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3600 Clifton Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/5/1874

9. AGE (In years

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Photographer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip Kinling

14. MOTHER'S MAIDEN NAME

Marie Heimis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Elsie S. Kinling 3600 Clifton Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30, 1952, to 1/31, 1952, that I last saw the
deceased alive on 1/31, 1952, and that death occurred at 10:21 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-2-1952

Lorraine Park

Woodlawn,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

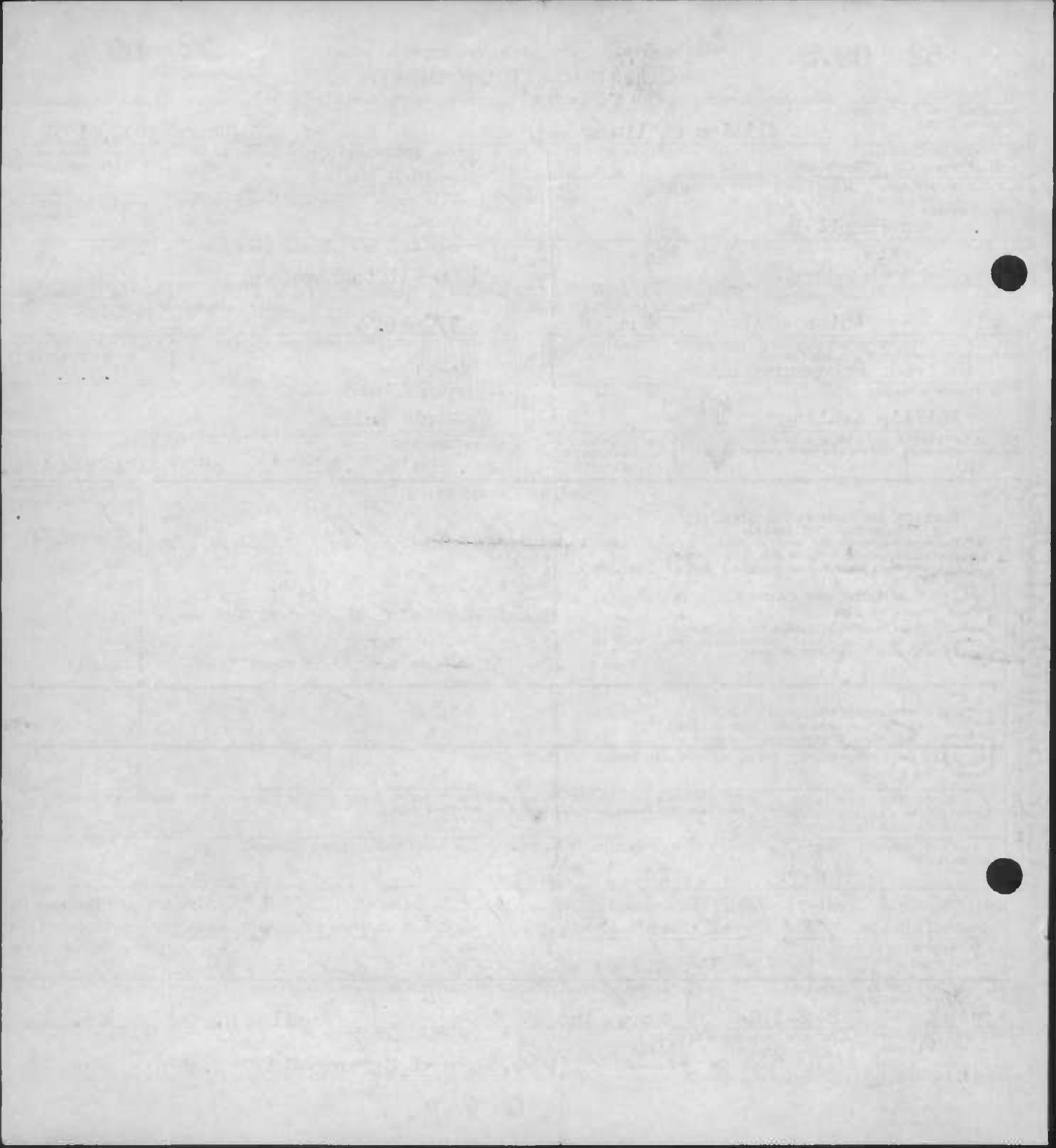
FEB 1 1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.

VS 150

94a



300
52 0979
VMC- 155662BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0979
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Schuette

2. DATE
OF
DEATH

1-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-08D. STREET ADDRESS (If rural, give location)
3504 East Lombard St. (24)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

July 1860

9. AGE (in years
last birthday)

91

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records- 4940 Eastern Avenue18. 433.0 and E900.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Stokes-Adams Syncope

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

CERTIFICATION APPROVED BY

Stanley S. Dunderlin
M. D.
CHIEF OF POST-MORTEM EXAMINER

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mild head injury

2 Weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
home21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)
home 3504 E. Lombard St.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Jan. 14, 195221E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒21F. HOW DID INJURY OCCUR?
Fell Down Steps22. I hereby certify that I attended the deceased from 1-14 1952 to 1-29- 1952, that I last saw the
deceased alive on 1-29- 1952 and that death occurred at 8:30A m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Dunderlin

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/5/52

24C. NAME OF CEMETERY OR CREMATORY

Huntington Cem

24D. LOCATION (City, town, or county)

Bald

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

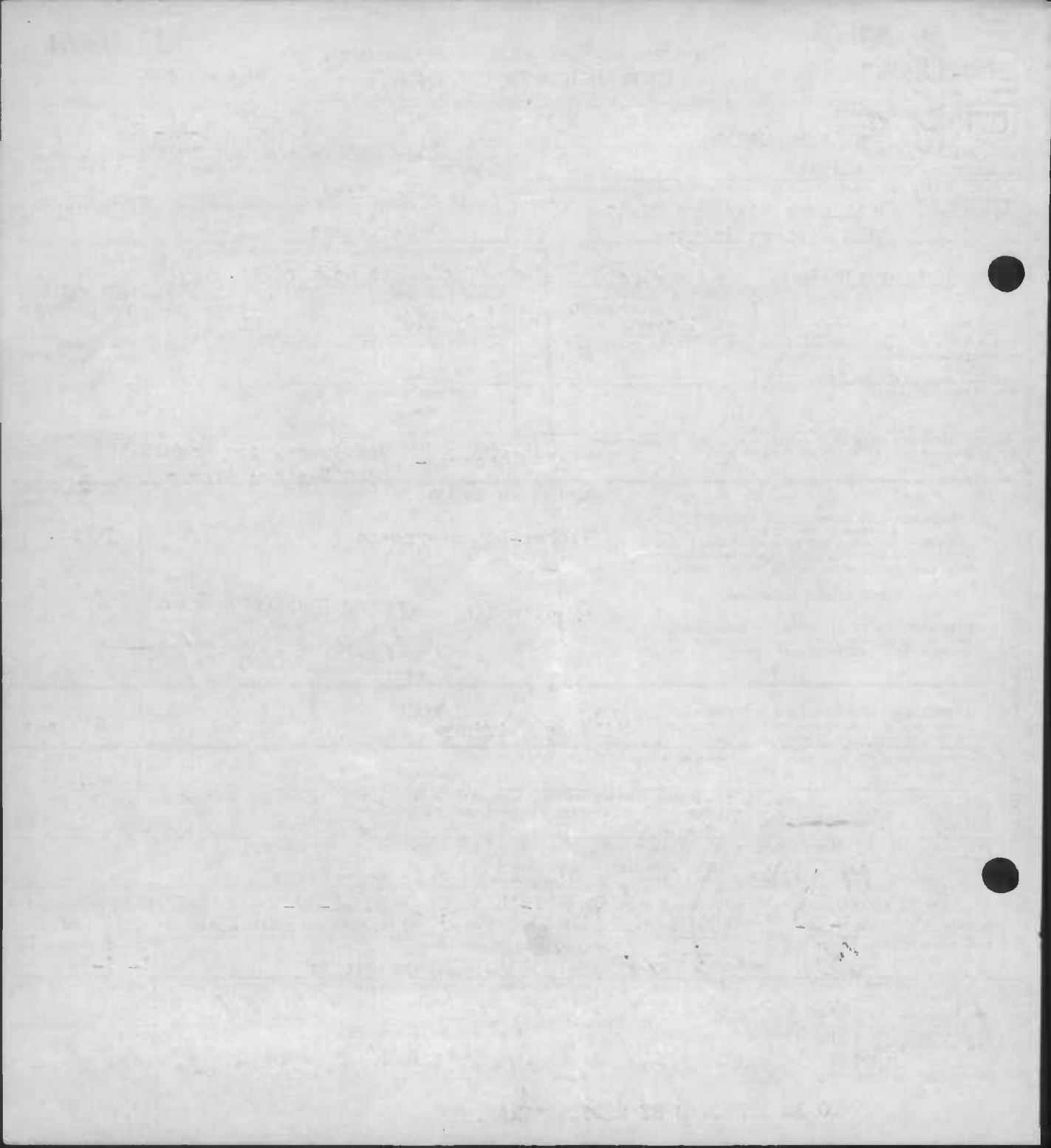
ADDRESS

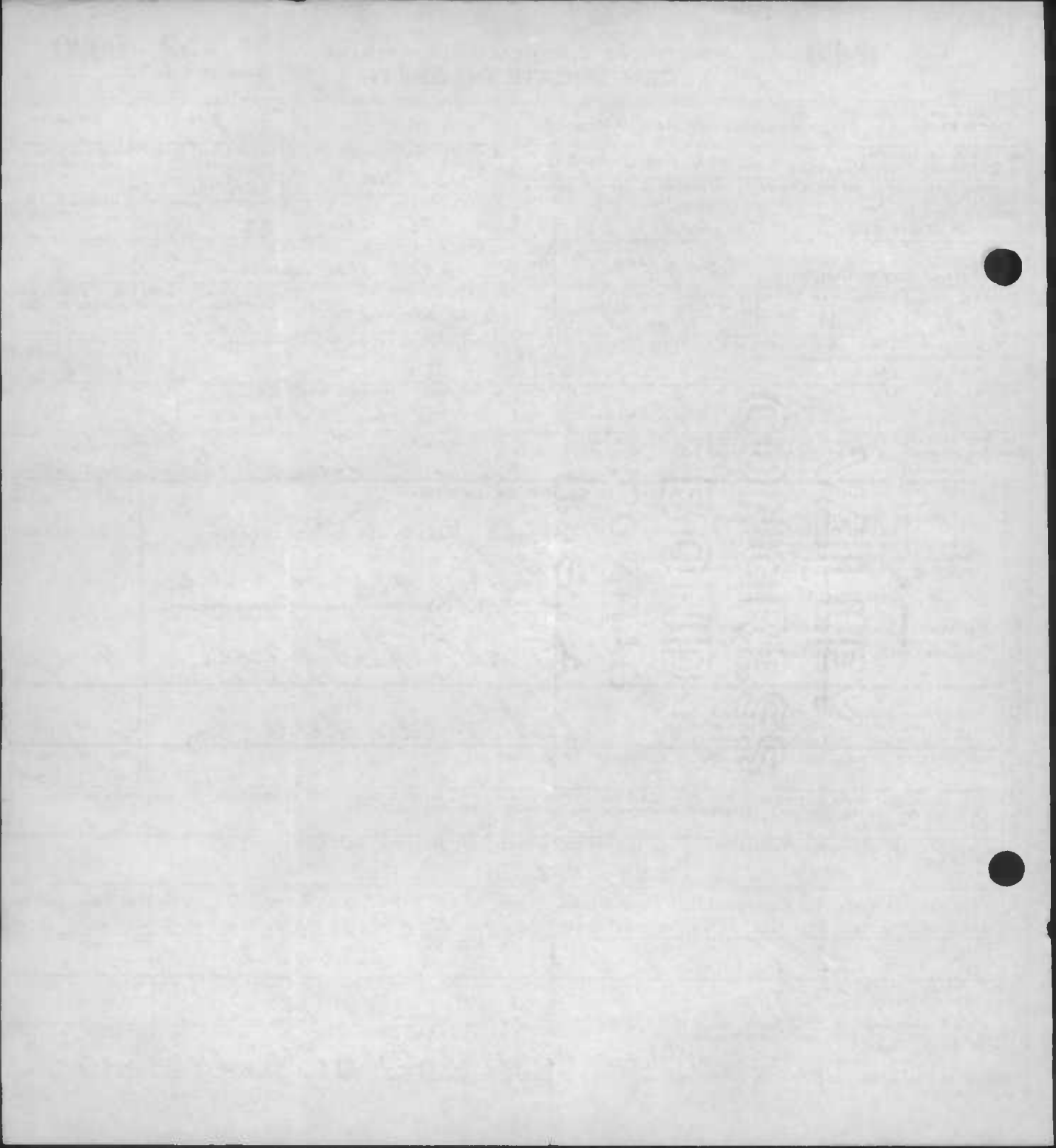
Ulrich Funeral Home 2004 Chel

FEB 1 1952
VS 150

TO BE APPROVED BY MEDICAL EXAMINER

N-856.0





300
52 0981BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0981
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN A. SCOTT

2. DATE
OF
DEATH

Jan 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

12-04

D. STREET ADDRESS (If rural, give location)

2002 Barclay St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 29, 1917

9. AGE (In years
last birthday)

34

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fisherman

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Rudolph Butler

14. MOTHER'S MAIDEN NAME

Mary Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Scott 2002 Barclay St

18. E 98-X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) STAB WOUND OF CHEST

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2002 Barclay St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

JAN 27 1952 m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Stabbed with sharp instrument
during altercation22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Durescher

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county) (State)

Balto

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

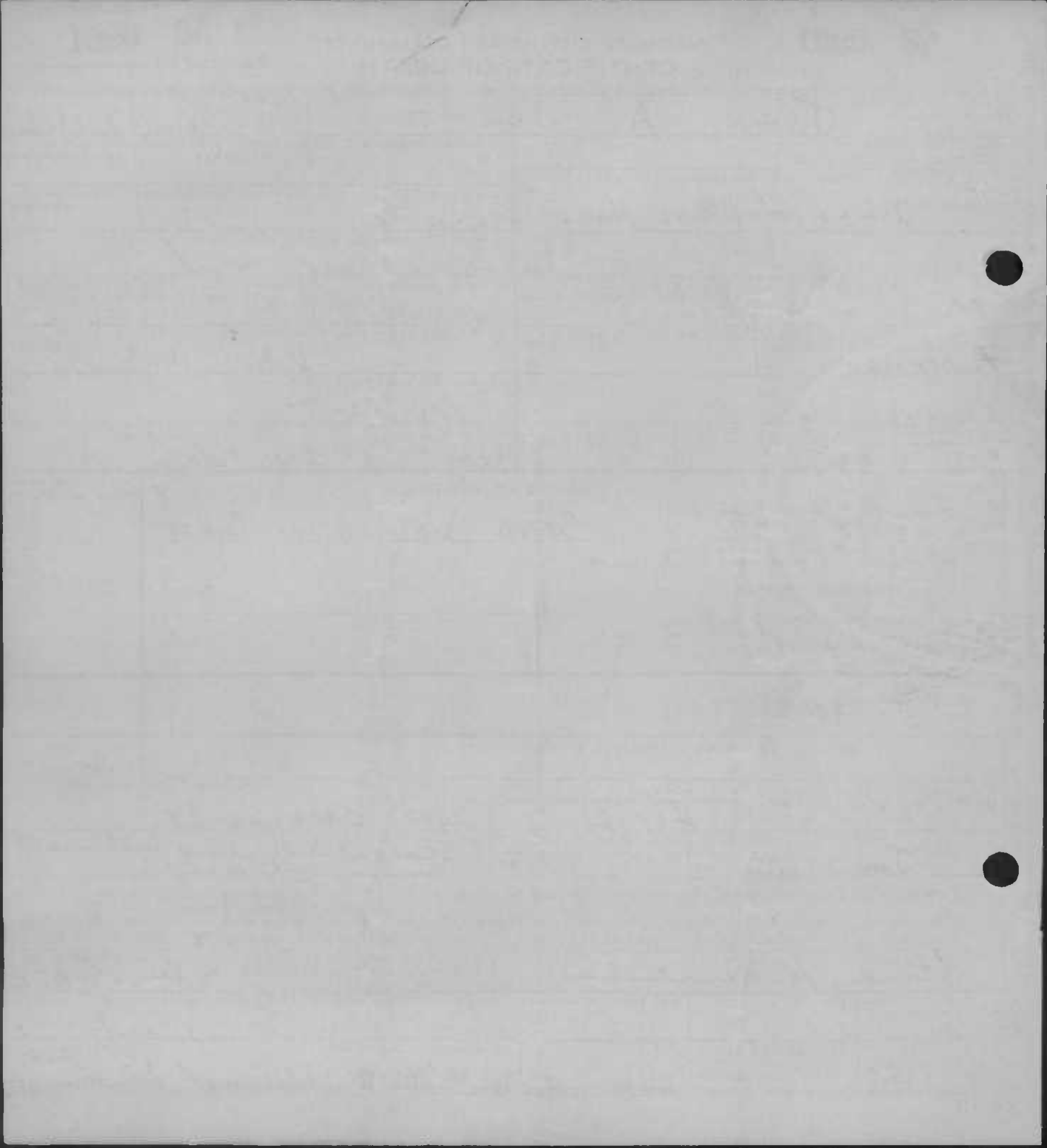
25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schroeder

VS 151

91012

167 ✓



52 0982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0982

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Harrod

2. DATE
OF
DEATH

1-28-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

409 N. Poppleton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

409 N. Poppleton St.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 30, 1866

9. AGE (In years,
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Harrod

14. MOTHER'S MAIDEN NAME

Anna R. Lynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Doris Watts

ADDRESS

409 N. Poppleton

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage 1-28-52

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardi-

DUE TO

(C)

Vascular Renal Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1951, to 1-28, 1952, that I last saw the
deceased alive on 1-28, 1952, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

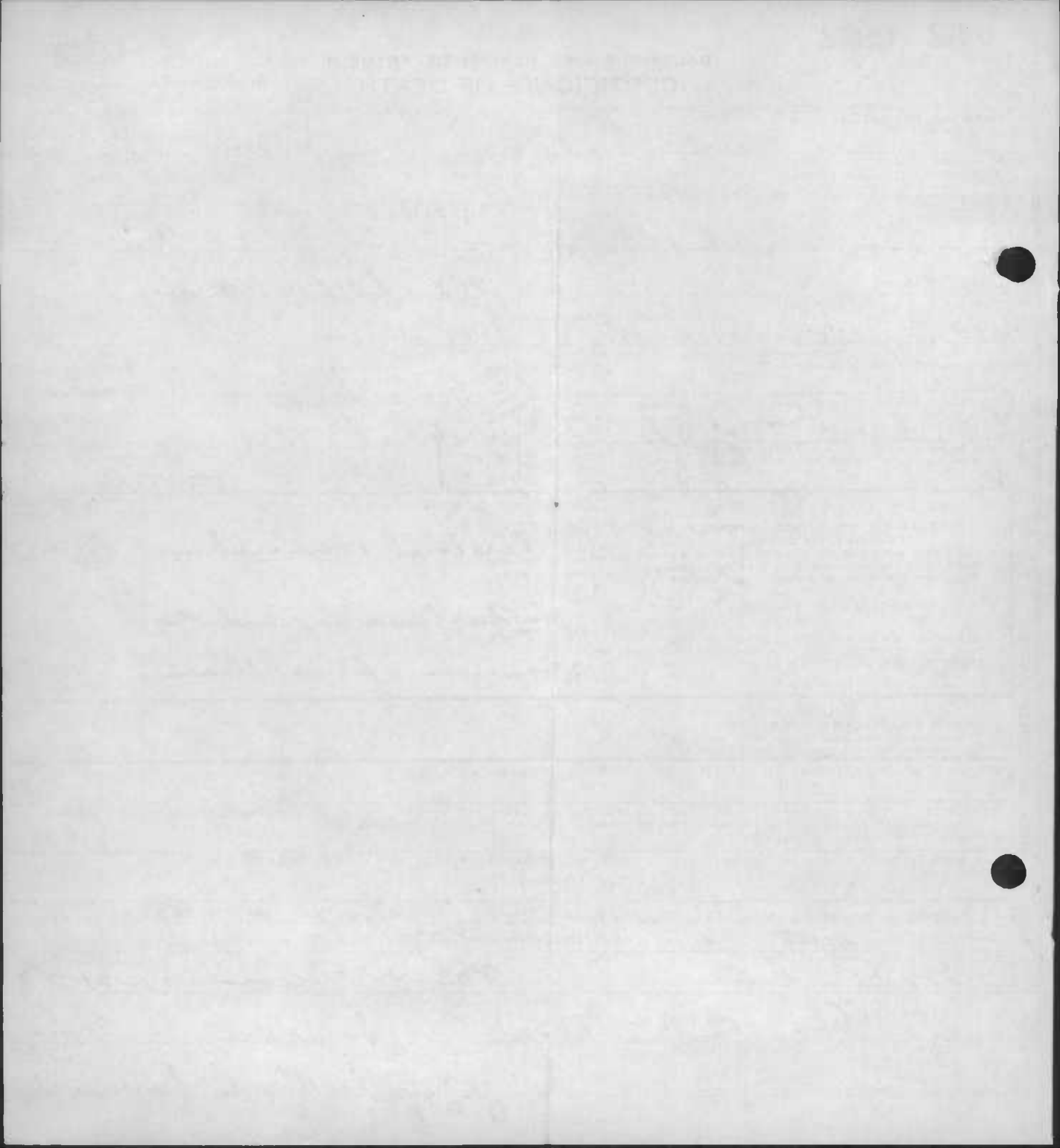
FEB 1 1952

Huntington Williams, M.D.

Mrs. Katie R. Williams

Schreiner St.

MEDICAL CERTIFICATION



60. 52 0983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0983

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Lowber

2. DATE
OF
DEATH

1-27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

314 N. Greene St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

314 N. Greene St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 10, 1890

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sanitor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Dorchester Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Smith Lowber

Gmt Name

14. MOTHER'S MAIDEN NAME

Eliza Nicholas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Lena Opher 1102 W. Mulberry St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio Sclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Generalized Arteriosclerosis, Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Jan 27, 1952, that I last saw the
deceased alive on Jan 24, 1952, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Munch

M. D.

23B. ADDRESS

1325 W. Lander Pl

23C. DATE SIGNED

1/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

FEB 1, 1952

Mr. Arthur C. Ball

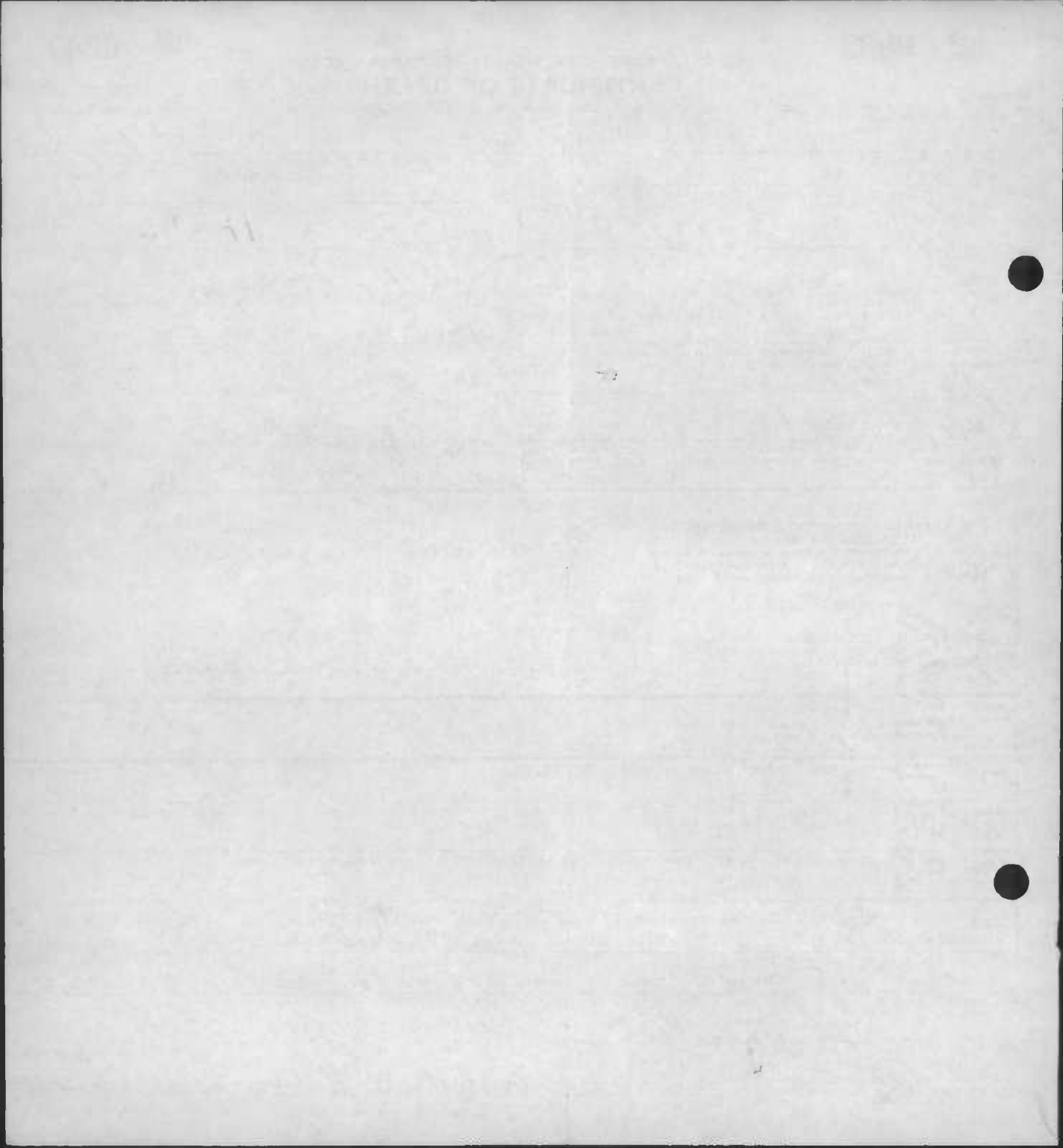
322 N. Schroeder St

VS 150

770 74

937

MEDICAL CERTIFICATION



52 0984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Eckert Powell

2. DATE
OF
DEATH

1-29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

102 N. Poppleton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

102 N. Poppleton St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 9, 1873

9. AGE (in years)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norfolk Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Eckert

14. MOTHER'S MAIDEN NAME

Mary Ann ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gladys Wilson

ADDRESS 102 N. Poppleton St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebrovascular disease

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1952, at I last saw the deceased alive on Jan 28, 1952, and that death occurred at 6:25 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

5154

1/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (city, town, or county)

Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington Williams, M.D.

Mrs. Kate R. Williams

322 N. Howard St.

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

320
52 0985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0985
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Emory Sheets

2. DATE
OF
DEATH

Jan. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION Union Memorial Hosp.Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

326 E. 26th St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 21, 1877

9. AGE (in years
last birthday)

74

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Commercial Painting

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abram Sheets

14. MOTHER'S MAIDEN NAME

Sarah Catherine Yingling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah C. Sheets - 326 E. 26th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute coronary occlusion

None

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Angina

DUE TO

3 days

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Jan, 1952 that I last saw the deceased alive on Jan. 28, 1952 and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

6077 Harford Rd

23C. DATE SIGNED

1-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/4/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington Williams, M.D.

J. J. Dickner & Sons - Balt. 17

650
52 0986BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0986
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCES MARGARET SAUERWEIN			2. DATE OF DEATH Jan. 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 5214 St. Charles Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5214 St. Charles Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 31, 1860	9. AGE (In years last birthday) 91	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Elias J. Sheets			14. MOTHER'S MAIDEN NAME --		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --	17. INFORMANT Mr. C. F. Sauerwein-3919 Hayward Ave.		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Pulmonary Tuberculosis DUE TO (A) Bilateral Pulmonary Tuberculosis (B) Arterio Sclerosis (C) Arterio Sclerosis	INTERVAL BETWEEN ONSET AND DEATH ? ?
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan 27, 1949** to **Jan 26, 1952**, that I last saw the deceased alive on **Jan 26, 1952**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23A. SIGNATURE Careprosting	23B. ADDRESS 1326 W Lombard St M. D.	23C. DATE SIGNED Jan 31, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/2/52	24C. NAME OF CEMETERY OR CREMATORY Louisa Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR William J. Tinkner & Son	ADDRESS 1326 Balto Md
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REPORT OF THE BOARD OF DIRECTORS
FOR THE YEAR 1900

1900

NAME	RESIDENCE	AGE	OCCUPATION	EDUCATION	RELIGION	POLITICAL PARTY
J. H. BROWN	NEW YORK	45	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
W. J. SMITH	NEW YORK	35	BANKER	COLLEGE	METHODIST	REPUBLICAN
T. R. JONES	NEW YORK	55	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
M. L. GIBSON	NEW YORK	40	BANKER	COLLEGE	METHODIST	REPUBLICAN
C. D. HARRIS	NEW YORK	30	BANKER	COLLEGE	METHODIST	REPUBLICAN
A. E. WILSON	NEW YORK	48	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
R. M. LEE	NEW YORK	50	BANKER	COLLEGE	METHODIST	REPUBLICAN
S. P. WHITE	NEW YORK	38	BANKER	COLLEGE	METHODIST	REPUBLICAN
H. K. BLACK	NEW YORK	42	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
J. L. GREEN	NEW YORK	32	BANKER	COLLEGE	METHODIST	REPUBLICAN
K. M. ADAMS	NEW YORK	47	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
N. B. MILLER	NEW YORK	37	BANKER	COLLEGE	METHODIST	REPUBLICAN
P. C. BAKER	NEW YORK	44	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
Q. D. HARRIS	NEW YORK	33	BANKER	COLLEGE	METHODIST	REPUBLICAN
R. E. WILSON	NEW YORK	49	MERCHANT	COLLEGE	METHODIST	REPUBLICAN
S. F. LEE	NEW YORK	39	BANKER	COLLEGE	METHODIST	REPUBLICAN
T. G. WHITE	NEW YORK	41	MERCHANT	COLLEGE	METHODIST	REPUBLICAN

200
52 0987BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 0987

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Diggs

2. DATE
OF
DEATH

1.29.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

4-02

D. STREET ADDRESS (If rural, give location)

113 N. Fremont Ave

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 1883

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Ice Business

11. BIRTHPLACE (State or foreign country)

Vg.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

John Diggs

14. MOTHER'S MAIDEN NAME

Laura Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Morris Diggs 1707 E Preston St

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Uremia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.20, 1952 to 1.29, 1952, that I last saw the
deceased alive on 1.29, 1952, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Gloniondskis

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

1.29.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

February 3, 1952

Arling Cemetery

Mathews County

Va

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington Williams, M.D.

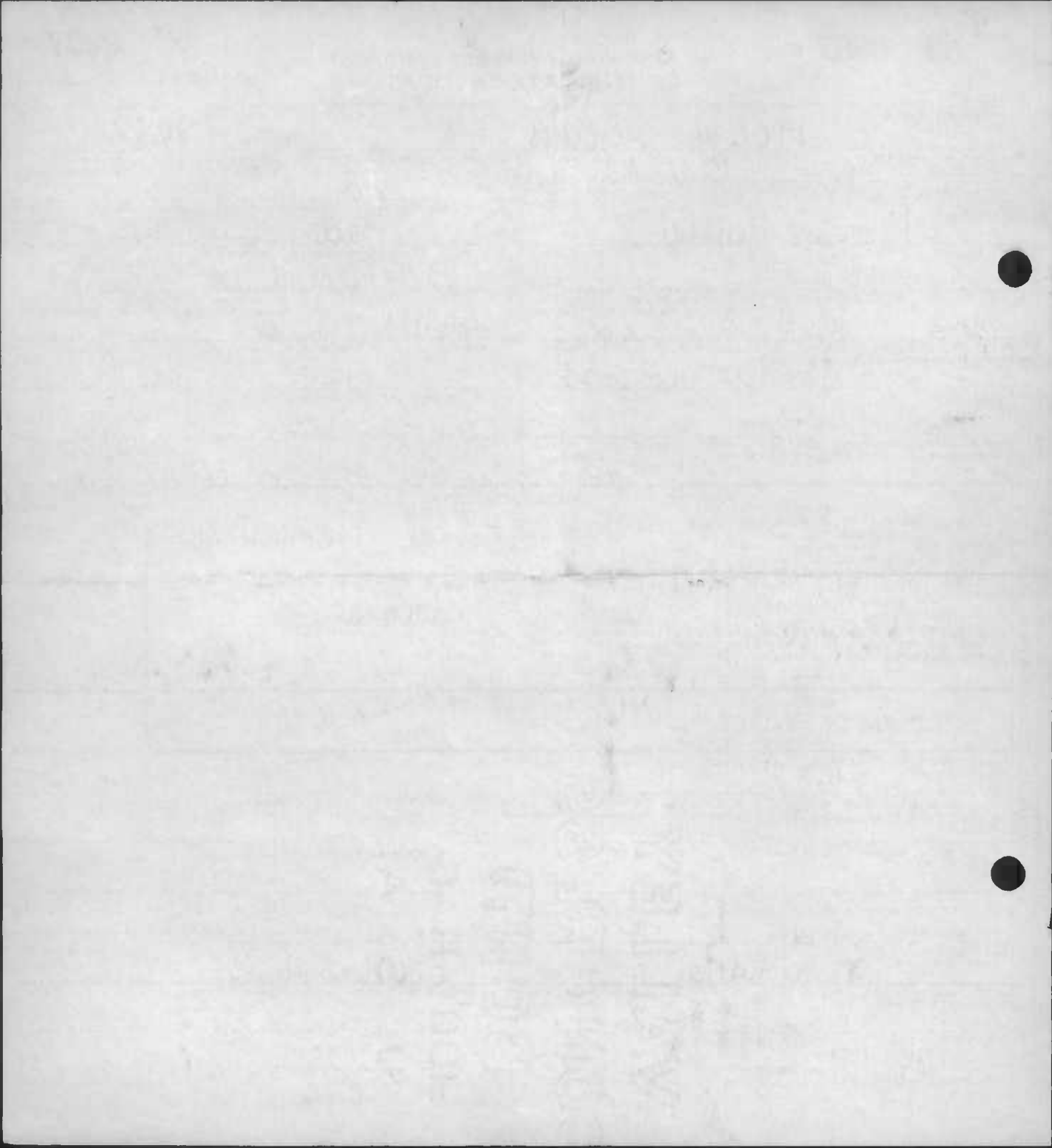
Joseph A. Lirly 661 W. Bane St

VS 150

290607

83a

MEDICAL CERTIFICATION



1092 0988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0988

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MATILDA DUVE

2. DATE
OF
DEATH

1/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4027 Pennington Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4027 Pennington Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9/11/1881

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Europe

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1951, to Jan 28, 1952, that I last saw the
deceased alive on Jan 28, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Labrin

M. D.

23B. ADDRESS

Bro Parkwood Ave

23C. DATE SIGNED

1/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

2/1/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue.

FEB 1 1952

VS 150

937

REPORT OF THE BOARD OF HEALTH

FOR THE YEAR 1911

REPORT OF THE BOARD OF HEALTH

FOR THE YEAR 1911

REPORT OF THE BOARD OF HEALTH

FOR THE YEAR 1911

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FOR THE YEAR 1911

REPORT OF THE BOARD OF HEALTH

FOR THE YEAR 1911

520 52 0989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0989

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Della B. Haines</i>		2. DATE OF DEATH <i>1-31-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>S. B. G. N.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-04</i>	
D. STREET ADDRESS (If rural, give location) <i>3721 S. DANOVER ST.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>7-18-1907</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Meating Co.</i>	9. AGE (in years last birthday) <i>44</i>
11. BIRTHPLACE (State or foreign country) <i>N.J.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George Gains</i>		14. MOTHER'S MAIDEN NAME <i>Clara Pennington</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Family</i>		ADDRESS <i>Same</i>	

18. <i>443X1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral vascular accident - hemorrhage</i>	CAUSE OF DEATH (A) <i>Cerebral vascular accident - hemorrhage</i> DUE TO (B) <i>hypertensive C-V-D</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-30-</i> , 1952 to <i>1-31-</i> , 1952 that I last saw the deceased alive on <i>1-31-</i> , 1952, and that death occurred at <i>12:25 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Yung-Tsing Wong</i> M.D.		23B. ADDRESS <i>1213 Light Street</i>		23C. DATE SIGNED <i>1-31-1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>2-4-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. PEACE</i>	
24D. LOCATION (City, town, or county) <i>P.H. PA.</i>		24E. LOCATION (State) <i>P.H. PA.</i>			

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>W. J. Williams</i>	25. FUNERAL DIRECTOR <i>W. J. Williams</i>	ADDRESS
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FEB 1 1952

39044 130 E. FORT AV.

93D

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 0990
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Parker

2. DATE
OF
DEATH

1/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Franklin Square Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.* B. COUNTY *Balls.*

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 24-04

D. STREET ADDRESS (If rural, give location)
1524 Best St.

5. SEX

fe

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/30/14

9. AGE (In years last birthday) *37*
If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAK. OP.

10B. KIND OF BUSINESS OR INDUSTRY

EMERSON Drug Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Warfield (M)

14. MOTHER'S MAIDEN NAME

MARGARET MANNING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Family - SAME

ADDRESS

18.

174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized Peritoneal Sarcomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 mon.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Leimyosarcoma uterus

9 mon.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug 1951

19B. MAJOR FINDINGS OF OPERATION

Generalized Peritoneal Sarcomatosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *1/29* 19*52*, to *1/30*, 19*52*, that I last saw the deceased alive on *1/30*, 19*52*, and that death occurred at *10:40* p.m., from the causes and on the date stated above.

23A. SIGNATURE

John B. ...

23B. ADDRESS

M. D.

Franklin Sq. Bldg.

23C. DATE SIGNED

1-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-4-52

24C. NAME OF CEMETERY OR CREMATORY

CEDAR AVE

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Do. L. ...

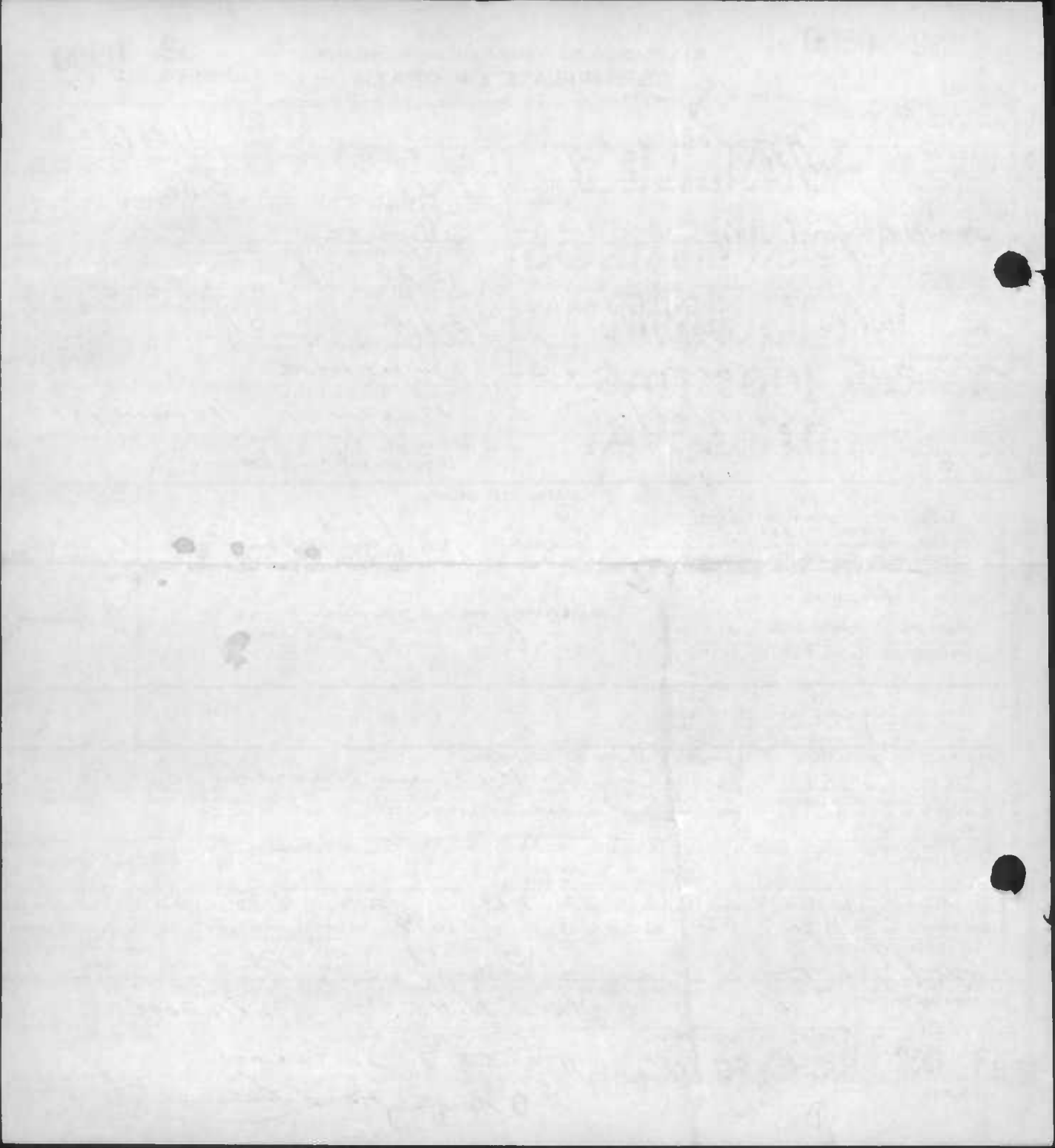
FEB 1 1952

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690 4R 01808, FORT AVE

48B

correct age is extremely important. Physicians - please



236 0991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0991
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 153X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Terminal Pneumonia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Colon
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

1 day

3 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19 to Jan 31, 1952, that I last saw the
deceased alive on Jan 31, 1952, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

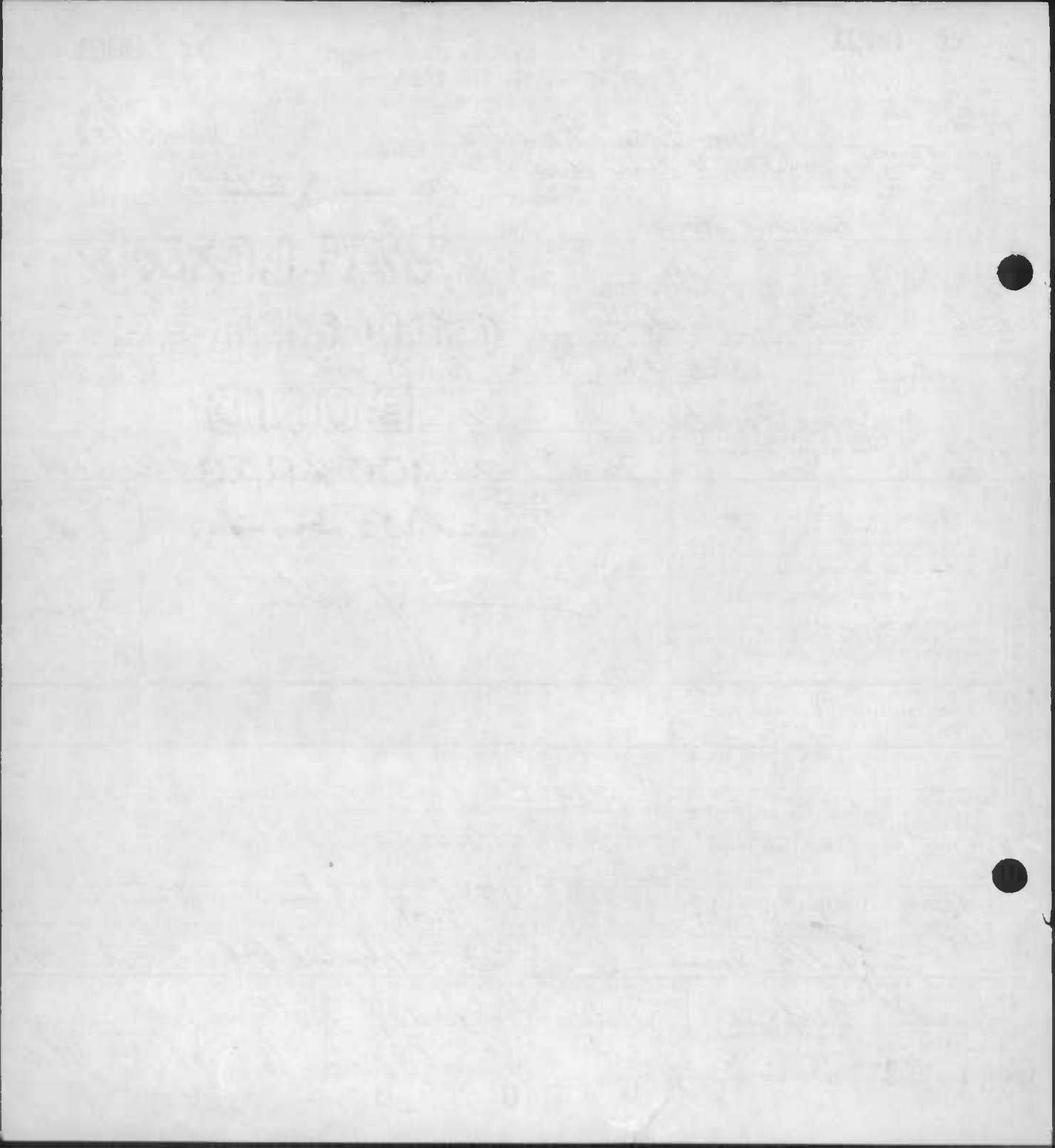
VS 150

0990

City #1. 46E

MEDICAL CERTIFICATION

correct age is extremely important. In any instance, please write the causes of death clearly and briefly.



550 0992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0992
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Cowman

2. DATE
OF
DEATH

Jan 31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

70

The Taylor

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug-23/1856

9. AGE (In years
last birthday)

95

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

No No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

The Taylor 2001 Park Ave

ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

4 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

many
year

(C)

General senile changes

Few
year.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 1935, to Jan. 31, 1952, that I last saw the
deceased alive on Jan. 31, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Roth B. Wright

23B. ADDRESS

Medical Art. Bldg.

23C. DATE SIGNED

Jan. 31-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 2/52

24C. NAME OF CEMETERY OR CREMATORY

Friends Burying Ground

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart Mortuary, Baltimore

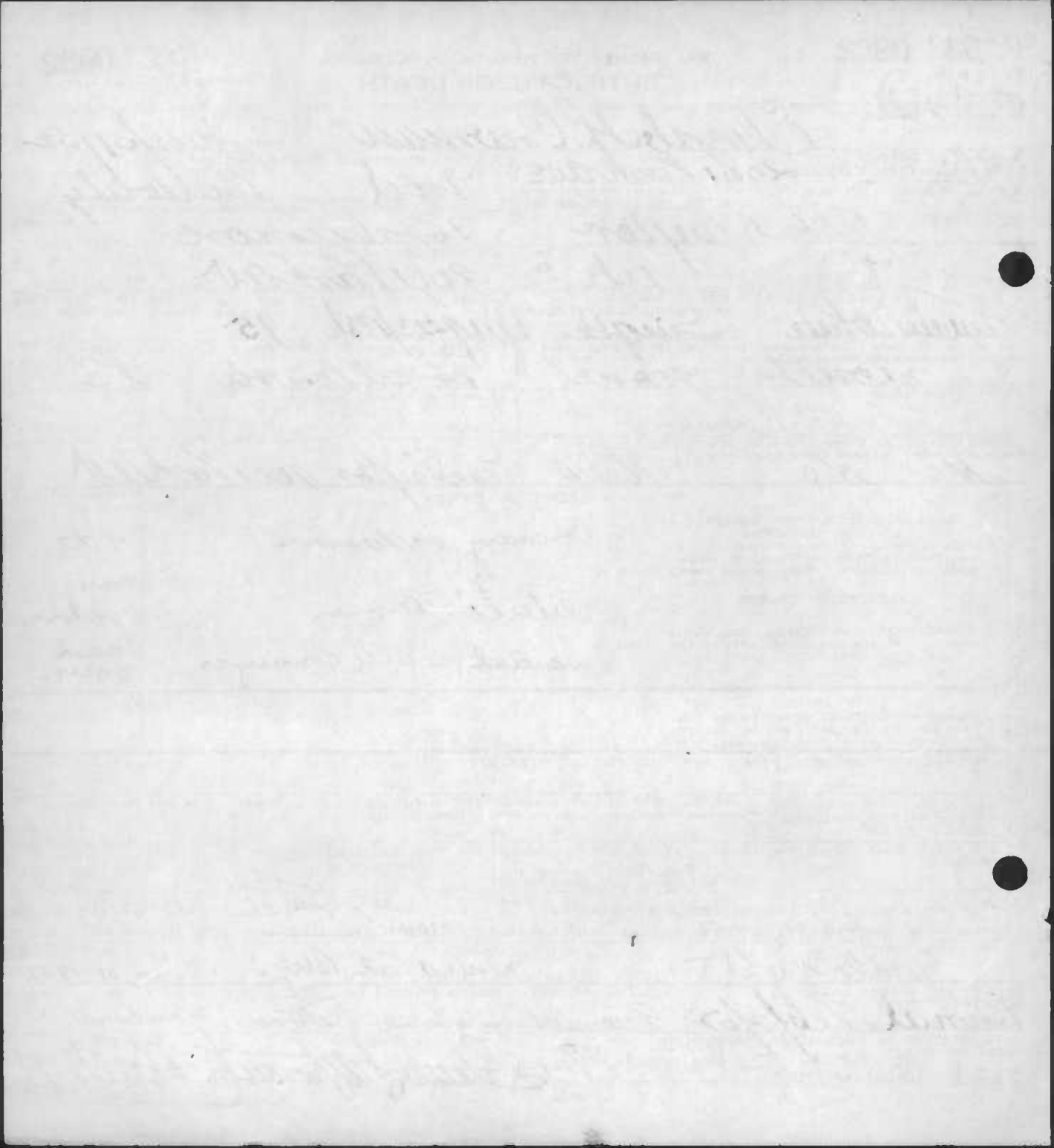
ADDRESS

FEB 1 1952

VS 150

94a

MEDICAL CERTIFICATION



41252 0993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 0993
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE M. PHILLIPS.

2. DATE
OF
DEATH

Jan 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3645 Chestnut Ave

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

Female

white

married

May 15, 1897

54

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Bell

14. MOTHER'S MAIDEN NAME

Cecilia Baughman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Floyd G. Phillips - 3645 Chestnut Ave

18. 241X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage (?)

1/2 hour

ANTECEDENT CAUSES

DUE TO

(B) [Asthma; obesity]

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1948 to Jan 30, 1952, that I last saw the
deceased alive on JAN 30, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. McLaughlin

M. D.

23B. ADDRESS

1800 N. Charles St

23C. DATE SIGNED

1/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 2, 1952

Suid Ridge

Pikeville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 1952

Huntington, W. Va.

Quinton L. Donovan - 3818 Roland Ave

83a

Grade 10

100

100

100

100

100

100

100

100

100

100

100

613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

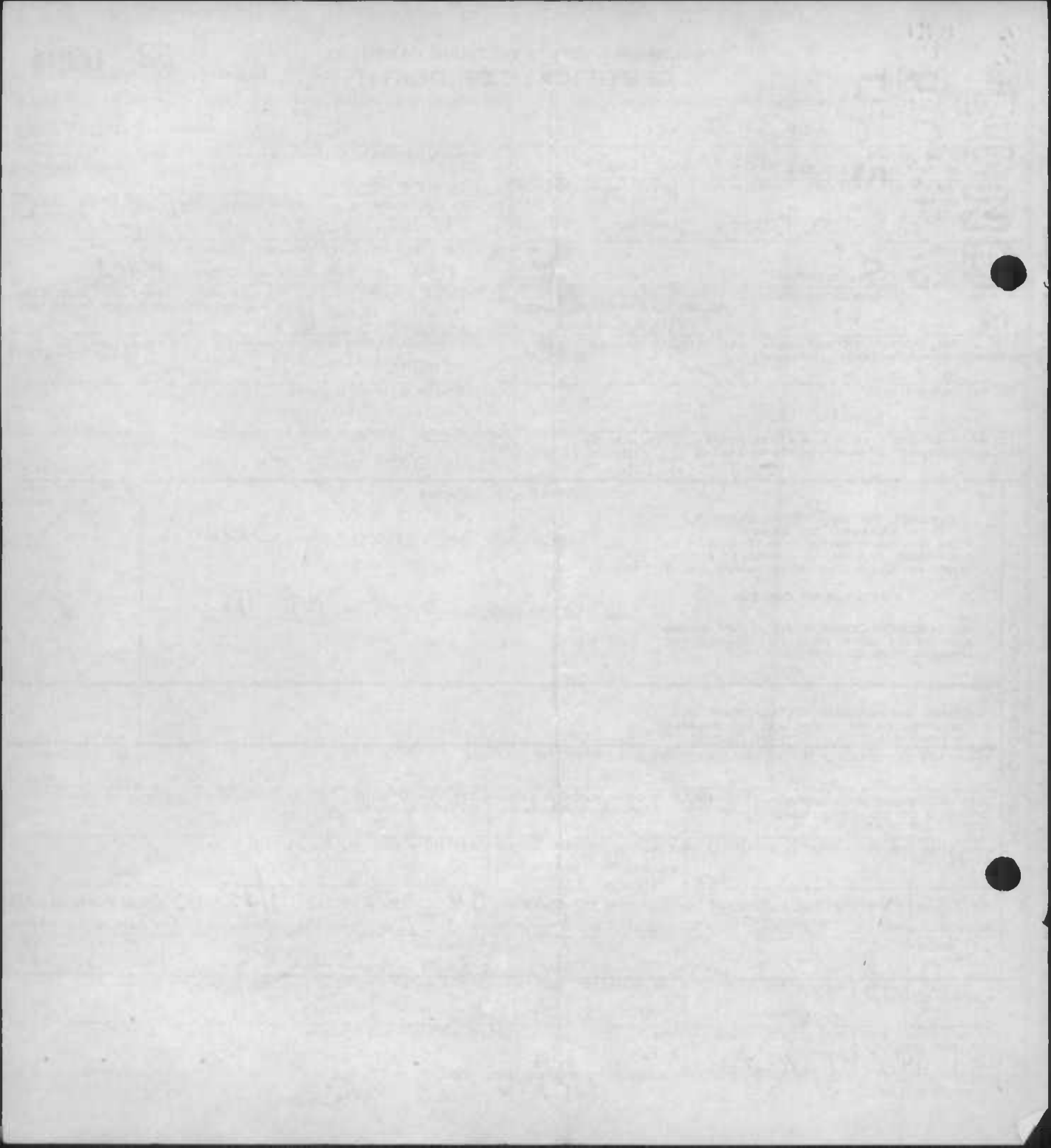
Registered No. 52 0994

BIRTH NO. 52 0994

1. NAME OF DECEASED (Type or Print) C Albert Kruff			2. DATE OF DEATH Jan. 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1801 Eutaw Pl.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
8. FULL NAME OF HOSPITAL OR INSTITUTION 1801 Eutaw Place			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1352 Stonewood Rd		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/26/33		9. AGE (in years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Liquor	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Kruff			14. MOTHER'S MAIDEN NAME Mary Kubirth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 415-10-3289	17. INFORMANT ADDRESS Mrs Bertha Kruff 1352 Stonewood Rd		

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Ht. Disease		5 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 8, 1952 to 1/30, 1952 that I last saw the deceased alive on today, Jan 30, 1952 , and that death occurred at 5⁰⁰ P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Mark E. Gann M. D.		23B. ADDRESS 1801 Eutaw Pl		23C. DATE SIGNED Jan 30, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/2/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Md.		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.	



536
02 0995BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

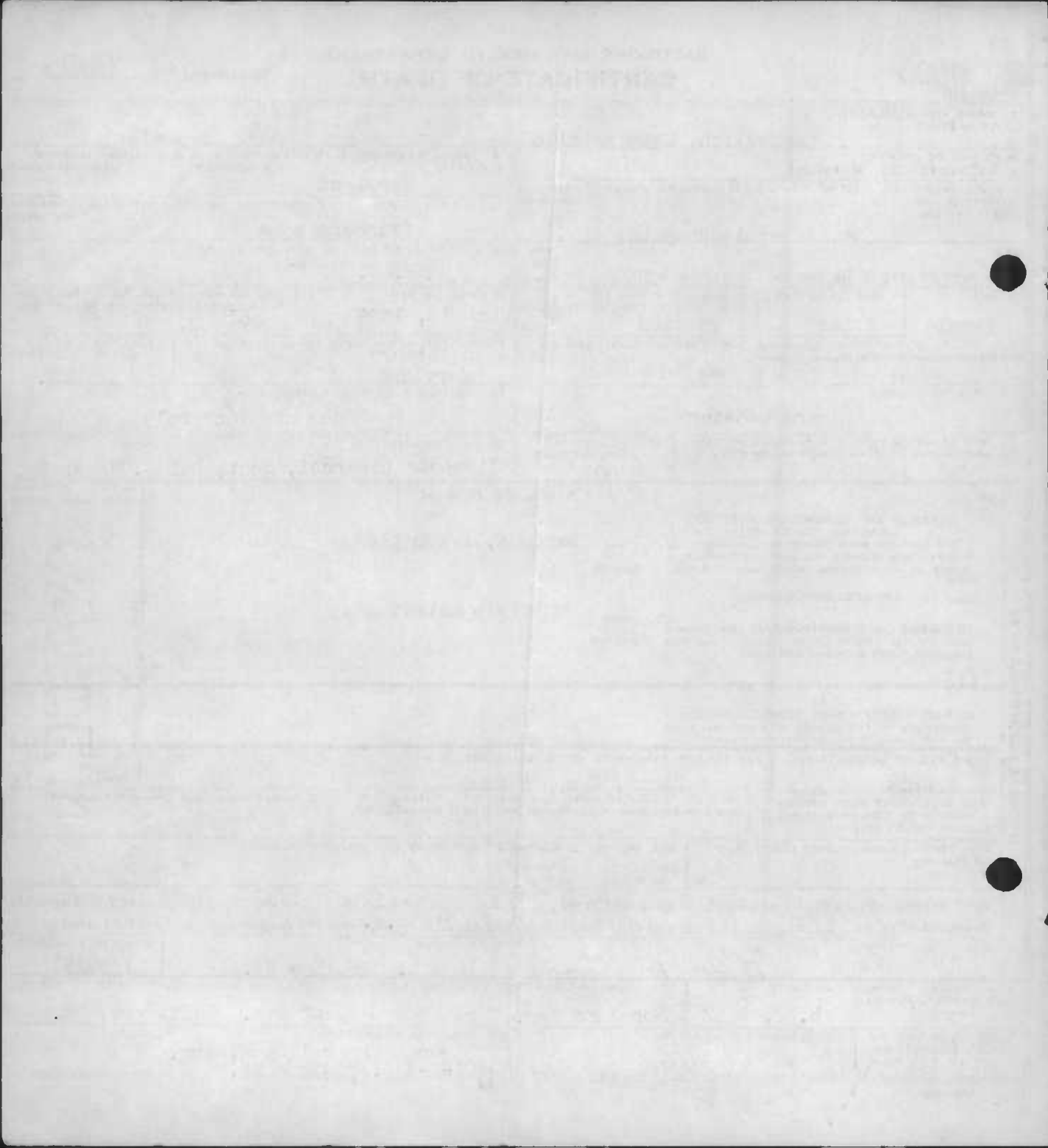
Registered No. 52 0995

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Wunderlich, Maude Estelle</u>			2. DATE OF DEATH <u>1-30-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Sanneet</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Princess Anne</u>		
Length of stay in Baltimore <u>3 or 4 weeks</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>R. F. D. #1</u> <u>6900</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14, 1890</u>	9. AGE (In years last birthday) <u>61</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Edward Webster</u>			14. MOTHER'S MAIDEN NAME <u>Sopronia Tankersly</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Elizabeth Libercci, dght, 435 N. Glover St.</u>		

18. <u>300.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Sarcoma, lymph tissue with</u> DUE TO <u>multiple metastasis</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>1/4/52</u>		19B. MAJOR FINDINGS OF OPERATION <u>Sarcoma, Lymph tissue</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/3</u> , 19 <u>52</u> to <u>1/30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/30</u> , 19 <u>52</u> , and that death occurred at <u>9:45 a.m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>E. P. Coffey Jr.</u> M. D.		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>1/30/52</u>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Feb. 2, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Moreland Mem. Park</u>		24D. LOCATION (City, town, or county) (State) <u>Taylor Ave., Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 1 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Schimunek Funeral Home, Inc.</u> <u>2601 E. Madison St.</u>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 0996**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA MAY KELSO			2. DATE OF DEATH Jan. 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2516 McElderry St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2516 McElderry St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 27, 1871	9. AGE (In years last birthday) 80	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Hartman			14. MOTHER'S MAIDEN NAME Mary Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Frances K. Roycroft, dght, 2710 Berwick Ave.		

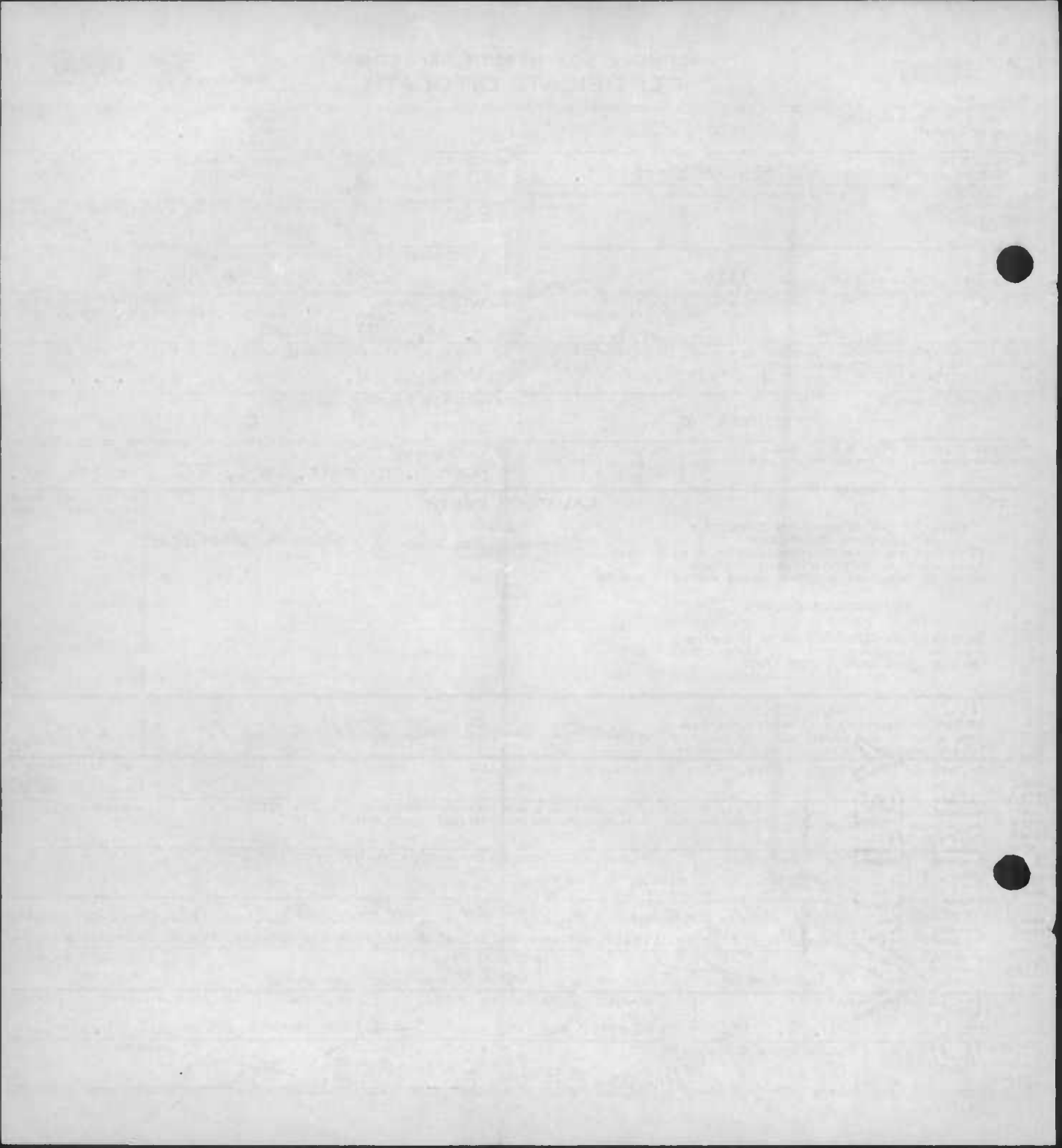
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterograde heart failure		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute postinfarct heart failure		24 hours

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan 30**, 19**52**, to **Jan 31**, 19**52**, that I last saw the deceased alive on **Jan 30**, 19**52**, and that death occurred at **12** m., from the causes and on the date stated above.

23A. SIGNATURE Wm. J. Williams	23B. ADDRESS 701 N. Howard Ave.	23C. DATE SIGNED 2/1/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery
24D. LOCATION (City, town, or county) (State) Edmsn Ave & Longwood St., Balto		

DATE RECEIVED BY LOCAL REGISTRAR FEB 1 1952	REGISTRAR'S SIGNATURE Huntington Williams-M.D.	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2600 3-5 E. Madison St.
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123
52 0997BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0997

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE B. WEBSTER

2. DATE
OF
DEATH

January 31, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

MA

7-02

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

811 N. Montford Ave

Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

13. FATHER'S NAME

Lausan Carbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Aug 18 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Emerson Evans, 811 N. Montford

18.

199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized intracerebral
carcinomatosis with
Hemiparesis and intestinal
obstruction.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

1/30/52

19B. MAJOR FINDINGS OF OPERATION

Advanced intracerebral carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26 1952 to 1/31 1952 that I last saw the
deceased alive on 1/31 1952 and that death occurred at 10¹⁵ pm., from the causes and on the date stated above.

23A. SIGNATURE

Laksh Bakhar

23B. ADDRESS

M. D. Maryland General Hospital

23C. DATE SIGNED

2/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cem.

24D. LOCATION (City, town, or county)

Deals Island, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schwartz Funeral Home, Inc.

1000 50

1000 50



650
52 0998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 0998
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS BROWN W.

2. DATE
OF
DEATH

2-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

14-02

Length of stay in Baltimore

55

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1411 Mc CULLOH STREET

5. SEX

M.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-?-1896

9. AGE (In years last birthday)

35

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Apt. House

11. BIRTHPLACE (State or foreign country)

Florence, S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Brown Jr.

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)

no

no

16. SOCIAL SECURITY NO.

1-2424

17. INFORMANT

Catherine Lawrence - Mc Culloh

ADDRESS

18. 593X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute CHRONIC Renal Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes, unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hodgkins disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-28, 1952, to 2-1, 1952, that I last saw the deceased alive on 2-1, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Borges

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-4-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary, Cedar Hill

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

A. Holstead - 918 -

363
52 0999BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 0999

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA

WOODWARD

2. DATE
OF
DEATH

January 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

539 Orchard Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

5. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 20, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female Colored

Divorce

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Samuel Hastings

14. MOTHER'S MAIDEN NAME

Sallie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Carrie Scott 501 1st St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of uterus

CAUSE

ANTECEDENT CAUSES

(B) Generalized metastases

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNDAL DIRECTOR

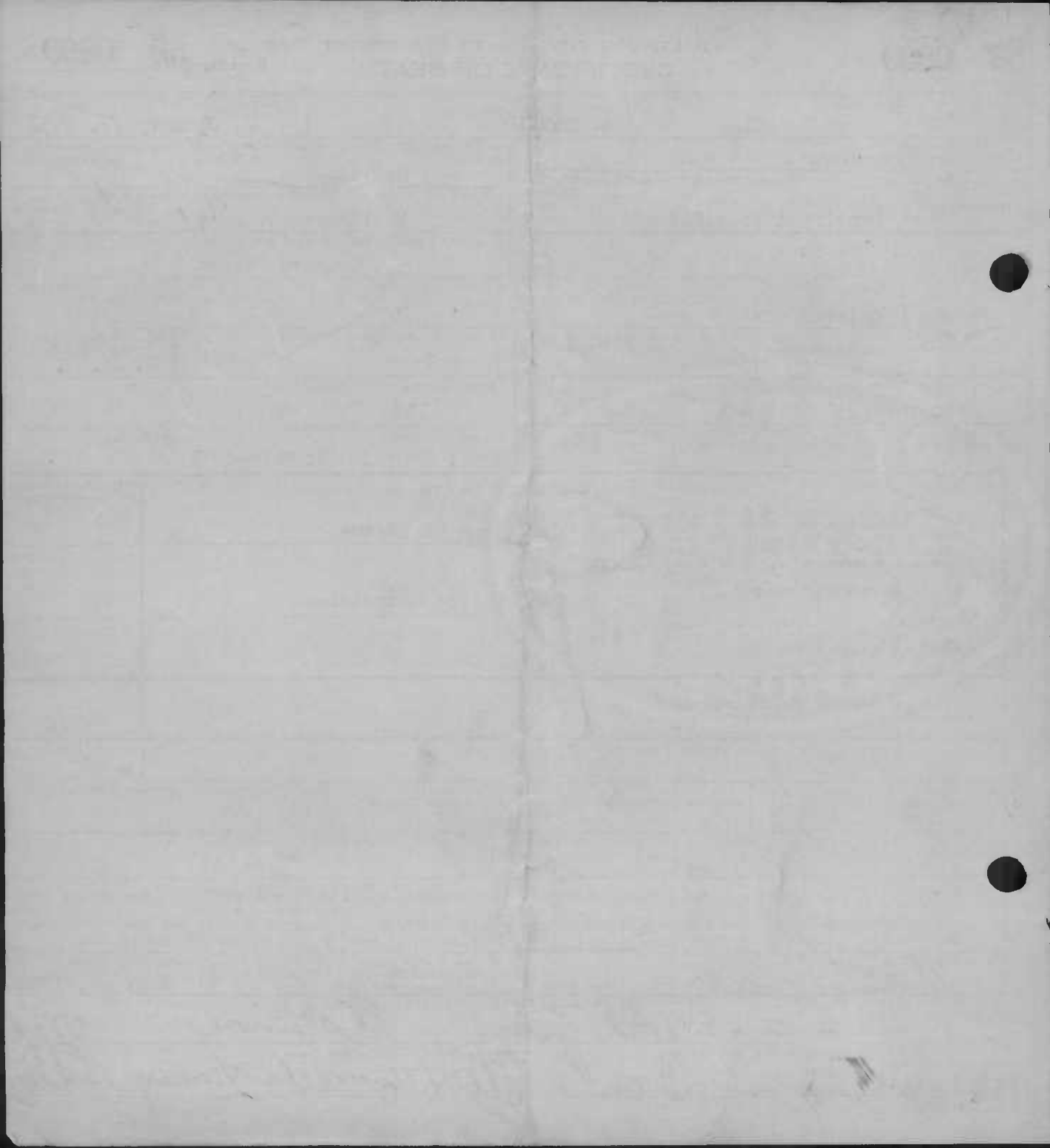
ADDRESS

FEB 1 1952

VS 151

720 FA

48C



362
VAC-1085130BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1000

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Monroe Grovenor Stark

2. DATE
OF
DEATH

1-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandB. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

(1622 Bolton St.) (2424 Madison Ave.)

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

May 9, 1883

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Shipping Stark (D)

14. MOTHER'S MAIDEN NAME

Hattie ? (D) ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records Baltimore City Hospitals
4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Nasopharynx

DUE TO

1 Year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pneumonia

DUE TO

1 Week

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17-1947, to 1-29-1952, that I last saw the
deceased alive on 1-28-1952, and that death occurred at 5:00P m., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Grover

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-30-52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

2-2-52

24C. NAME OF CEMETERY OR CREMATORY

Arbiter Mem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 5784

FEB 1 1952

Huntington Williams, M.D.

Mrs. Francis C. Hensley Bidlee

STATE OF OHIO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1900

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION